

<b>Case Number:</b>	CM13-0027795		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old female who reported an injury on 10/13/2011. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be manual therapy, transcutaneous electrical nerve stimulation unit, and hot/cold packs. The injured worker's diagnosis was noted to be joint stiffness in the lower leg. It was noted that the injured worker was status post arthroscopic chondroplasty on 07/03/2013. The injured worker had a clinical evaluation on 08/19/2013 and the examination showed right knee range of motion had improved. The injured worker was able to flex to 110 degrees and extension to 5 degrees. Strength was 4/5. The treatment plan was for additional therapy. A physical therapy note dated 08/19/2013 indicated the injured worker had 8 sessions of physical therapy with 4 remaining, and a home program had been started. The provider's rationale for the requested physical therapy 3 times a week for 8 weeks for the right knee and left ankle was not provided within this documentation. A Request for Authorization for medical treatment was included and dated 08/28/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR EIGHT (8) WEEKS FOR THE RIGHT KNEE AND LEFT ANKLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation POST-SURGICAL TREATMENT GUIDELINES,.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines recommend postsurgical treatment of 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 4 months. The clinical evaluation does not note efficacy of the visits that the injured worker has already used. The request is in excess of the guidelines' recommendation. It is not indicated in the clinical documentation the necessity for physical therapy for the left ankle requested. Therefore the request for 24 physical therapy sessions for the right knee and left ankle is not medically necessary.