

<b>Case Number:</b>	CM13-0028559		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient reported an injury on 06/11/2010. The mechanism of injury was stated to be the patient was walking over to pick up a 35 pound dumbbell from the floor when she tripped over permanent matting on the floor. The patient was noted to fall forward and the right knee was noted to land on top of the dumbbell, and the right arm was outstretched and jammed into the weight bench and the patient was noted to fly over the weight bench and her right arm was noted to be jammed into the ground. The patient was noted to hear a pop in the right shoulder. The patient was noted to be status post OATS procedure on 02/11/2013. The patient was noted to have limited range of motion with shoulder and continuous swelling with the right knee. The patient was noted to have 1+ effusion and 4/5 strength in the right knee. The patient's diagnosis was noted to be status post right OATS procedure 02/11/2013. The request was made for 12 sessions of physical therapy for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Postsurgical Guidelines indicate that postsurgical physical medicine treatment can be performed for a period of 6 months after a lateral cartilage surgery. The patient was noted to have participated in 24 postoperative physical therapy sessions. The patient was noted to have 1+ effusion and 4/5 strength in the quads. There was a lack of documentation indicating exceptional factors to warrant further treatment. There was a lack of documentation of objective functional benefit received from the therapy and remaining functional deficits. There was a lack of documentation of exceptional factors to warrant further exceeding the guideline recommendations. Given the above, the request for 12 sessions of physical therapy for the right knee is not medically necessary.