

<b>Case Number:</b>	CM13-0041183		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/24/2004
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He 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 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 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 claimant is 55-years-old and was injured on August 24, 2004. Clinical records for review included an operative report of July 9, 2013 documenting that the claimant underwent a left knee arthroscopy with partial medial meniscectomy and chondroplasty. Postoperative records revealed that as of September 28, 2013, the claimant had twenty-one sessions of formal physical therapy following the left knee procedure. An orthopedic followup of October 30, 2013 documented current complaints of bilateral arm, bilateral knee and right foot pain for the diagnoses in regards to the right knee and foot, painful right foot hardware status post right foot arthrodesis and right knee patellofemoral pain. The October 30, 2013 assessment noted there were twelve recent sessions of formal therapy performed to both the foot and the knee. At present there is a request for twelve additional session of physical therapy for the claimant's left knee in the postoperative setting as well as twelve sessions to the right knee and right ankle in the chronic setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy 12 sessions, 3 times per week for 4 weeks for the left knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines and American Academy of Orthopaedic Surgeons

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, twelve additional sessions of therapy for the left knee would not be indicated. Records indicate the claimant has had at least 20 sessions of therapy following the meniscectomy procedure. MTUS Postsurgical Rehabilitative Guideline criteria would recommend the role of up to twelve sessions over a twelve week period of time. This claimant has clearly exceeded the Guidelines criteria. The additional twelve sessions would not be supported. There is no current indication as to why transition to a home exercise program could not occur.

**physical therapy 12 sessions, 3 times per week for 4 weeks for the right knee and right ankle/foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines and American Academy of Orthopaedic Surgeons

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS Chronic Pain 2009 Guideline criteria for therapy in the chronic setting per states that it can be used "sparingly to help control swelling, pain and inflammation". Records also indicate the claimant has undergone twelve recent sessions of therapy to the right knee and right foot and ankle. Chronic Pain Guideline criteria in the chronic setting would recommend the role of up to nine to ten visits over an eight week period of time. The additional twelve sessions of therapy would clearly exceed Guideline criteria, particularly for this chronic injury at this time. There is no documentation to indicate that the claimant would not be capable of performing an independent program at home.