

<b>Case Number:</b>	CM13-0042127		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 and Rehabilitation., has a subspecialty in Pain Management, 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:

This patient is a 49-year-old with date of injury of 07/19/2012. Per treating physician's report 09/09/2013, the listed diagnoses are right knee pain, neck pain, cervical disk disease, cervical radiculitis, right shoulder pain, partial thickness tear of the right supraspinatus tendon status post surgery on 05/20/2013, right knee pain status post surgery on 07/31/2013, tinnitus, low back pain and thoracic pain. Patient reports that he is doing about the same compared prior to surgery. The patient had shoulder surgery on 05/20/2013. Included in the file are some physical therapy notes. There is a report from 08/21/2013 which states that the patient had right knee chondroplasty and meniscectomy on 07/31/2013. The treatment plan was for 2 times a week for 6 to 8 weeks. There is a request for physical therapy 3 additional visits but no RFA is available, and the progress report requesting 3 additional visits is not available for review. Utilization review letter is referenced from 10/03/2013. This report states that the date of request is from 09/25/2013 for physical therapy additional 3 sessions to the right knee. This letter is confusing as it states that the units requested are 8 with 3 authorized, but under procedure, it states physical therapy 3 additional visits. This appears to be a certification letter and not a denial letter. This letter also indicates that the documentations provided showed 9 sessions of postoperative physical therapy following knee operation, and the 3 sessions plus the 9 with a total of 12 sessions which is supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 ADDITIONAL VISITS(1XWEEK X 3 WEEKS) TO THE RIGHT KNEE ONLY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee Section Page(s): 24 - 25..

**Decision rationale:** The request I have is for three additional therapy visitations. Per physical therapy reports included for this review, dated August 21, 2013, the patient was to be seen for physical therapy twice per week for up to six to eight weeks for a total of 12 to 18 sessions. MTUS Guidelines for postsurgical physical therapy recommends twelve visits for chondromalacia or degeneration of meniscus for tear. Review of the reports show that this patient already underwent 12 to 18 sessions of physical therapy following knee surgery. I do not have the treating physician's progress report with this request to understand why additional physical therapy is being requested. Provided reports do not include any compelling reason to go above and beyond what is the typically recommended duration of therapy following meniscus and chondromalacia surgery. The request for physical therapy, three additional visits for the right knee only, once per week for three weeks, is not medically necessary or appropriate.