MAXIMUS Federal Services

| Case Number: | CM13-0045292 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 04/04/2011 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

## 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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee pain associated with an industrial injury of April 4, 2011. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and consultation with a knee surgeon, who elected to pursue a knee arthroscopy. A January 13, 2014 progress note stated that the applicant reported persistent knee pain following the arthroscopic meniscectomy and chondroplasty procedure on August 2, 2013. The applicant was still having difficulty bending, squatting, and stooping. 5/5 knee strength was noted. X-rays demonstrated advanced arthritic changes. A knee brace was sought. It was stated that the applicant should consider a total knee arthroplasty, given the failure of earlier treatment. The applicant's work status was not clearly detailed. In a permanent and stationary report of November 25, 2013, the applicant was given an 8% whole-person impairment rating. Permanent work restrictions were imposed. It did not appear that the applicant was working with said permanent limitations in place. In a physical therapy progress note of November 21, 2013, the applicant's treating therapist stated that the applicant could continue his home exercise program to tolerance, but noted that the applicant did have difficulty negotiating staircases.

## 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:** Upheld

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

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

**Decision rationale:** The applicant has already had prior treatment (12 to 20 sessions), in excess of the 12-session course recommended in MTUS 9792.24.3 following a meniscectomy procedure performed on August 2, 2013. The applicant does not appear to have made substantial strides to date. The applicant does not appear to have returned to work. Permanent work restrictions have been imposed. Significant physical impairment persists. The applicant is now apparently intent on pursuing a total knee arthroplasty. All of the above, taken together, implies that the earlier postoperative physical therapy was unsuccessful. Additional physical therapy beyond the guideline is not indicated, given the applicant's failure to demonstrate any functional improvement as defined in MTUS 9792.20f. Accordingly, the request is not medically necessary.