

<b>Case Number:</b>	CM13-0045700		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 and Rehabilitation and is licensed to practice in Texas. 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 is a 54-year-old injured worker who reported an injury on 12/20/2012, secondary to a fall. The patient is diagnosed with PCL tear and degenerative joint disease. The patient is also status post left knee arthroscopic PCL reconstruction and partial medial meniscectomy on 06/24/2013. The patient was recently seen by [REDACTED] on 01/17/2014. The patient was 6 and 1/2 months postoperative. The patient reported improvement with a Synvisc injection. Physical examination revealed well-healed incisions, no swelling or effusion, 0 degrees to 135 degrees flexion, quadriceps atrophy, tenderness to palpation, and intact sensation. Treatment recommendations included additional physical therapy twice per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy two times a week for four week for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines state initial course of therapy means one half of the number of visits specified in the general course of therapy for

the specific surgery in the postsurgical physical medicine treatment recommendations. As per the documentation submitted, the patient underwent arthroscopic PCL reconstruction with partial medial meniscectomy. California MTUS Guidelines state postsurgical treatment following a tear of the medial/lateral cartilage/meniscus of the knee includes 12 visits over 12 weeks. The patient has completed an extensive amount of postoperative physical therapy to date. The patient is independent with a home exercise program. Documentation of significant musculoskeletal or neurological deficit was not provided. The medical necessity for ongoing physical therapy has not been established. The request for post-operative physical therapy two times a week for four weeks for the left knee is not medically necessary and appropriate.