

<b>Case Number:</b>	CM13-0050307		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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 37-year-old male who reported a work related injury on 10/31/2012, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses status post limited synovectomy at the right knee as of 07/08/2013. The clinical notes evidence the patient attended a course of postoperative physical therapy interventions. The clinical note dated 09/13/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient presents with severe pain complaints utilizing ibuprofen 4 tabs a day. The provider documented inspection of the patient's right knee revealed range of motion was restricted secondary to pain upon physical exam of the patient. The provider documented the patient required additional sessions of physical therapy to improve range of motion pain, strength, and endurance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy for the right knee, three (3) times a week for two (2) weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 10,24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with right knee pain complaints status post a work related injury sustained in 10/2012 and subsequent surgical interventions performed to the knee indicative of arthroscopic synovectomy as of 07/08/2013. California MTUS Postsurgical Medical Treatment Guidelines supports 12 sessions of physical therapy over 12 weeks for derangement of the meniscus, chondromalacia of the patella, and tibialis tendonitis postoperatively. The clinical notes documented the patient presented with range of motion at 0 to 135 degrees from previous notes prior to the clinical note dated 09/13/2013. At this point in the patient's treatment, utilization of an independent home exercise program for any remaining deficits about the knee or pain complaints would be indicated. California MTUS indicates allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all of the above, the request for postoperative physical therapy for the right knee, three (3) times a week for two (2) weeks is not medically necessary or appropriate.