

<b>Case Number:</b>	CM13-0056098		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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:

Injured employee is a male with date of injury 1/13/2010. Per primary treating physician's progress report and request for authorization, the injured employee complains of persistent left knee pain improving status post arthroscopy. He is doing much better. His knee continues to bother him, especially with prolonged standing and walking. He has returned to full-duty work. On exam the left knee shows well-healed arthroscopic portals. The injured worker can flex to 90 degrees and extend to 5 degrees. There is some joint line tenderness medically. There is mild swelling. There is no evidence of allodynia. There is no hypersensitivity. The injured worker walks with a limp. Diagnoses include 1) status post left knee revision arthroscopy 2) insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY FOR THE LEFT KNEE 2 TIMES A WEEK FOR 5 WEEKS:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section, Arthritis (Arthropathy, Unspecified) Page(s): 98, 99, 24, Postsurgical Treatment Guidelines.

**Decision rationale:** The requesting physician provided a written appeal with rationale, stating that the 10 physical therapy sessions are necessary to promote post-surgical rehabilitation. The injured worker is status post left knee arthroscopy on 4/29/2013 and he has had 16 physical therapy sessions for the left knee. The injured worker also has a home exercise program. The post-surgical treatment guidelines recommend 24 visits of physical therapy over 10 weeks, and the postsurgical physical medicine treatment period is 4 months. The injured worker is outside the postsurgical physical medicine treatment period, so the chronic pain medical treatment guidelines are used. The injured worker reports pain, but has improved and has returned to work. The requesting provider does not describe the injured worker's response to therapy, or the expected gains from additional therapy. He is full-duty, and there are no functional limitations noted in the clinical documents. The injured worker has had substantial therapy already, and has a home exercise program. Additionally, this is the second time that this worker has had this surgery, and he likely had therapy previously. The cumulative therapy sessions should have prepared this worker for a sustainable home exercise program. The request for physical therapy for the left knee (10 sessions) is determined to not be medically necessary and appropriate.