

<b>Case Number:</b>	CM13-0059413		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 & Rehabilitation 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 injured worker is a 36-year-old female who reported an injury on 03/14/2013 after walking up a set of stairs that reportedly caused an injury to her left knee. The injured worker ultimately underwent surgical intervention in 09/2013. This was followed by postoperative physical therapy. The injured worker was evaluated on 12/13/2013. Physical examination of the right knee documented there was minimal tenderness to palpation of the knee joint, range of motion described as 0 degrees in extension to 130 degrees in flexion with slight deficits in strength. The injured worker's diagnoses included patellofemoral pain syndrome and plica syndrome of the knee. The injured worker's treatment recommendations included continuation of anti-inflammatory medications, continuation of a home exercise program, and continuation of post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy for 8 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines.

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

**Decision rationale:** The requested postoperative physical therapy for 8 sessions is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 12 visits of physical therapy in the postoperative management of injured workers who have undergone arthroscopic surgical intervention. The clinical documentation submitted for review does indicate that the injured worker has already participated in postoperative physical therapy. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker is currently participating in a home exercise program. There are no exceptional factors to preclude further progress of the patient while participating in a home exercise program. Therefore, additional postoperative physical therapy is not supported. Additionally, the request as it is submitted does not provide a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested postoperative physical therapy for 8 sessions is not medically necessary or appropriate.