

<b>Case Number:</b>	CM13-0060581		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	11/22/2005
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 42 year old male with date of injury 11/22/05. The treating physician report dated 10/17/13 indicates that the patient presents with pain affecting the knees bilaterally. The patient is status post left knee diagnostic and operative arthroscopy on 3/29/13. The current diagnoses are: 1.Industrial injury to the bilateral knees on 11/22/05 2.Previous history of failed Anterior Cruciate Ligament (ACL) reconstruction 3.Status post revision ACL reconstruction on September 2008 4.Status post left knee arthroscopy 3/29/13 The utilization review report dated 10/28/13 denied the request for physical therapy 2x6 based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The patient presents with continued bilateral knee pain s/p left knee arthroscopy 6 ½ months ago. The current request is for physical therapy 2x6. The treating

physician states, "I will recommend additional physical therapy 2x6 for the left knee as he has only had 12 sessions of postoperative physical therapy following his left knee arthroscopy on 3/29/13. He still has functional deficits, weakness and pain of the left knee." The MTUS Post Surgical Treatment Guidelines following arthroscopy recommend a maximum of 24 visits over 10 weeks \*Postsurgical physical medicine treatment period: 4 months. There are no treating physician reports between 3/28/13 and 10/17/13 to indicate the total number of post surgical PT visits provided or response to the Physical Therapy (PT) care. There is also no documentation indicating why 6 ½ months post surgically there is a new need for care. The MTUS guidelines only allow post surgical PT care for 4 months. The MTUS guidelines for physical therapy in general allow 8-10 visits for these types of joint conditions. The current request for 12 sessions of PT is outside of the MTUS and MTUS Post Surgical Guidelines. The request is not medically necessary and appropriate.