

<b>Case Number:</b>	CM13-0060995		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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:

According to the records made available for review, this is a 36-year-old male with a 10/11/11 date of injury. At the time (9/30/13) of the request for authorization for physical therapy three times a week for four weeks for the right knee, there is documentation of subjective (significant right knee pain with ongoing swelling) and objective (effusion is noted, flexion is 120 degrees, extension is 0 degrees, supra and infrapatellar tenderness noted as well as medial joint line tenderness, patellar grinding is positive) findings, current diagnoses (right knee internal derangement, right knee chondromalacia, and status post right knee arthroscopy 1/23/13), and treatment to date (8 postoperative physical therapy visits). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with therapy completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE RIGHT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, Knee Complaints,

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of right knee internal derangement, right knee chondromalacia, and status post right knee arthroscopy 1/23/13. In addition, there is documentation of status post right knee arthroscopy on 1/23/13 and 8 sessions of post-operative physical therapy sessions completed to date. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with therapy completed to date. In addition, given documentation of a 1/23/13 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Furthermore, the requested physical therapy three times a week for four weeks for the right knee, in addition to the already completed 8 postoperative physical therapy sessions, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy three times a week for four weeks for the Right Knee is not medically necessary.