

<b>Case Number:</b>	CM13-0061753		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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 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 applicant is a represented [REDACTED] cashier/clerk who has filed a claim for chronic knee pain, headaches, and ankle pain reportedly associated with an industrial injury of November 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; initial usage of a CAM Walker; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 26, 2013, the claims administrator denied a request for eight sessions of physical therapy, citing a lack of any recent progress notes attached to the request for authorization for treatment. A handwritten note of November 9, 2013 is sparse, difficult to follow, not entirely legible, notable for comments that the applicant has a pending session of physical therapy. The applicant states that her pain is decreased. She exhibits 132 degrees of knee range of motion. Additional physical therapy is sought while the applicant is placed off of work, on total temporary disability. The applicant did undergo a removal of hardware procedure on November 4, 2013, it is further noted. On October 29, 2013, it did appear that the applicant was placed on modified duty work. In a Utilization Review Report of August 29, 2013, the claims administrator partially certified four sessions of postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for additional postoperative physical therapy 2 x 4 to right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** In this case, it is not clearly stated how much prior postoperative physical therapy the applicant has had to date. While additional treatment may represent treatment in excess of the 12-session course recommended in MTUS 9792.24.3 following surgery for derangement of meniscus and/or removal of loose body of the knee, in this case, the applicant has apparently had two separate knee surgeries. The applicant apparently earlier underwent a meniscectomy procedure. The applicant later underwent a removal of painful hardware about the knee on November 4, 2013. Thus, the applicant's diagnosis and case does not appear to fall within one of the topics cleanly encapsulated in MTUS 9792.24.3. Earlier information seemingly suggests that the applicant did exhibit a favorable response to prior physical therapy treatment as evinced by reduced physical impairment in terms of improved knee range of motion and strength with prior physical therapy treatment. Additional physical therapy on the order of that proposed by the attending provider is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.