

<b>Case Number:</b>	CM13-0071778		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/27/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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:

According to the records made available for review, this is a 65-year-old female with a 1/27/09 date of injury, and left knee arthroscopy on 9/6/13. At the time (12/13/13) of request for authorization for outpatient physical therapy two (2) times a week for three (3) weeks to the left knee, there is documentation of subjective (left knee complaints) and objective (slight limp favoring the left leg at the knee, 3/5 strength, tenderness over the left knee at the patellofemoral joint, and a positive patellar tap) findings, current diagnoses (internal derangement of each knee, status post arthroscopic surgical debridement with meniscectomy, continued chondromalacia at the patellofemoral joint and medial compartment of the left knee), and treatment to date (20 postoperative physical therapy sessions). 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 as a result of post-operative physical therapy treatments completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS TO THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The Expert Reviewer's 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 4 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 internal derangement of each knee, status post arthroscopic surgical debridement with meniscectomy, continued chondromalacia at the patellofemoral joint and medial compartment of the left knee. In addition, there is documentation of status post left knee arthroscopy on 9/6/13 and 20 post-operative physical therapy visits completed to date, which exceeds guidelines. Furthermore, 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 as a result of post-operative physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for outpatient physical therapy two (2) times a week for three (3) weeks to the left knee is not medically necessary.