

<b>Case Number:</b>	CM13-0072192		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/27/2013
<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 Illinois. 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 46 year old female who reported an injury on 11/03/2011. The injured worker is status post right knee surgical debridement and chondroplasty with 12 post operative visits of physical therapy. A physical therapy progress report dated 10/23/2013 indicated the injured worker's report of level 5/10 pain in right knee with little to moderate difficulty squatting, balancing, walking short distance, walking outdoors, kneeling, running and climbing stairs. This report finds right knee range of motion of 120 degrees and progress noted to be slow but steady. The assessment notes daily functional improvement with driving, standing, cleaning, sleeping and walking. The injured worker as of this date had completed 12 sessions of physical therapy for her right knee and still has weakness along right knee. It is documented that she would benefit from more physical therapy for strengthening her quads, VMO and hamstrings. The injured worker is going to yoga on her own.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE:** Upheld

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

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

**Decision rationale:** The request for additional physical therapy three times a week for four weeks for the right knee is non-certified. The injured worker had right knee surgery and 12 visits of physical therapy with slow but steady improvement noted. The injured worker continues with weakness along the right knee and the request for more physical therapy was submitted. The MTUS Postsurgical Treatment Guidelines recommend 12 visits over 12 weeks. The injured worker has completed 12 visits of physical therapy with documented improvement in range of motion and activity. The request for additional physical therapy of 12 visits exceeds the recommendations under the MTUS Guidelines and is therefore not medically necessary and appropriate.