

<b>Case Number:</b>	CM13-0072411		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/01/2000
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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:

The injured worker is a 52 year old male who reported an injury to both knees as a result from a fall on 06/01/2000. The clinical note dated 03/01/2013 is not legible enough to get an accurate report on physical findings. The clinical note dated 01/22/2013 reported the injured worker had completed an unknown number of physical therapy sessions with an unquantified amount of progress. Physical therapy notes were not submitted within the documentation. Within the clinical note dated 09/12/2012 the injured worker had 2 right knee revisions and three done to the left knee. Dates and procedure types done were unclear and very few dates were given. The request for authorization was found within the documents submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP PHYSICAL THERAPY FOR THE LEFT KNEES (8 SESSIONS):** Upheld

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

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

**Decision rationale:** The CA MTUS recommends that physical therapy be used in the presence of a functional deficit. Moreover, for sprains, strains, cruciate ligament of knee (ACL tear) of knee and leg there is a cap of postsurgical treatment limited to 24 visits over 16 weeks and the total postsurgical physical medicine treatment period be no longer than 6 months. The injured

worker does not have a documented functional deficit and the request is beyond the recommended guidelines for post surgical time. Thus, the request is not recommended as medically necessary.