

<b>Case Number:</b>	CM14-0100701		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/23/2003
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Orthopedic Surgery 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 claimant is a 35-year-old female who injured both of her knees on 10/23/03. The medical records provided for review specific to the claimant's right knee included an operative report dated 03/28/14 documenting that the claimant underwent right knee arthroscopy, debridement, chondroplasty, plica resection, and scar tissue release. Following surgery, the records document that the claimant participated in twelve sessions of physical therapy. The clinical progress report dated 05/07/14 describes continued bilateral knee complaints noting the left knee is doing well and the right knee is improving following surgery. It states the claimant has been utilizing medications, topical compounding creams, and physical therapy. Examination of the right knee revealed zero to 130 degrees range of motion, 4+/5 strength with flexion and extension and mild tenderness over the anterior medial portal. Continuation of physical therapy was recommended for twelve additional sessions in relationship to the claimant's right knee arthroscopy of March 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT (Physical Therapy) times 12:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-Surgical Treatment Guidelines: Dislocation of

knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):

**Decision rationale:** Based on California MTUS Post-Surgical Rehabilitation Guidelines, the request for twelve additional sessions of physical therapy cannot be recommended as medically necessary. The medical records document that the claimant has completed twelve sessions of physical therapy since time of March 2014 knee arthroscopy and debridement procedure. At last clinical assessment, she was doing well from a functional point of view. The Post-Surgical Rehabilitation Guidelines recommend up to twelve physical therapy sessions over a twelve week period. The requested twelve additional sessions of physical therapy would exceed the Post-Surgical Guideline criteria and would not be indicated in this individual.