

<b>Case Number:</b>	CM14-0012918		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Texas. 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 female sustained an injury to right knee on 04/20/10. The mechanism of injury was not documented. The injured worker has continued complaints of right knee pain. Physical examination noted tenderness at the right knee joint line; positive patellar compression test; pain with terminal flexion and crepitus ambulation with a limp favoring the right side. The records indicate that the injured worker is status post right knee arthroscopy, according to progress report dated 09/04/13. Physical therapy three times per week for four weeks to the right knee has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS TO THE RIGHT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES, 99

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The request for physical therapy three times per week for four weeks to the right knee is not medically necessary. The CAMTUS states that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The CAMTUS recommends up to 12 visits over 12 weeks for the diagnosed injury. The records indicate that the injured worker has had at least 28 postoperative physical therapy visits previously certified with four physical therapy visits remaining. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy three times per week for four weeks to the right knee has not been established.