

Case Number:	CM14-0013332		
Date Assigned:	02/26/2014	Date of Injury:	06/01/2012
Decision Date:	08/14/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 and New York. 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:

This is a 37-year-old male with a 6/1/12 date of injury; he tripped on a curb and hurt his knee. He is status post right knee manipulation under anesthesia, synovectomy, and plica resection on 9/25/13. A 1/9/14 follow-up identifies that the patient has been going very diligently to physical therapy. He still has a very injured area in the vastus lateralis and there may be some scar tissue. The patient was to continue unrestricted duty. A 1/8/14 therapy report identifies that the patient states that he felt the same as he did when he started therapy. He is still having difficulty with pain in the medial aspect of the knee. He had not tried kneeling, but still had pain with crouching and sharp pain when going up/down stairs. The report identifies improvement with therapy provided. The range of motion increased from 95 to 125 on 1/5/14 and the strength was also improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL THERAPY 2 TIMES 6 FOR THE RIGHT KNEE QTY:
12.00:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Pain,

Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6).

Decision rationale: The patient had a surgical procedure on September 2013, which included a manipulation under anesthesia. He had 18 post-operative physical therapy visits with documented improvement in function, although the patient did not express such improvement subjectively. It was not entirely clear if the patient had been instructed in a home exercise program where he could continue rehabilitation. A few additional sessions might have been necessary to instruct the patient in such program. However, there was no clear indication of the necessity of an additional 12 physical therapy sessions. In addition, there was no rationale indicating that a home exercise program would not adequately address any remaining deficits the patient might have. As such, the request is not medically necessary.