

<b>Case Number:</b>	CM14-0017084		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Occupational Medicine 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 patient is a 54 year old male who was injured on 02/27/2012 while working as a delivery truck driver where there were several episodes with a ramp that he used to unload his vehicle. This was unstable and caused slippage several times which traumatized his left knee. Prior treatment history has included 12 sessions of physical therapy postoperatively. The patient underwent left knee arthroscopic partial left medial meniscectomy and chondroplasty, left patella on 09/13/2013. A progress note dated 02/10/2014 documents the patient has completed some postoperative physical therapy, but has not been continuing with a home exercise program. He reports that physical therapy has helped to relieve his pain by around 80-90% in the past and he would like to continue with a few more sessions. Final Comprehensive Report dated 02/11/2014 documented the patient to have complaints of continuing pain and giving away in his left knee. He was taken to surgery on 09/13/2013. He had no major issues with work but when evaluated on 02/11/2014 stated that he was having some discomfort going up and down stairs. Objective findings on examination: he exhibited full range of motion. There was no significant joint line tenderness. There was no effusion with full range of motion. Occasional mild to moderate discomfort in the left knee particularly with stairs. There were no work restrictions and no vocational rehabilitation indicated. Future Medical Care: physician's visits, medications, therapy, injections and the possibility of further surgery are to be considered on an as needed basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (6 ADDITIONAL SESSIONS) FOR THE LEFT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This form of therapy may require supervision from a therapist or medical provider. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the provider has detailed clinical improvement with physical therapy as well as documented a desired objectives and failure of an in home exercise program in a letter dated 2/10/14. Therefore, based on the guidelines and a review of the submitted documentation, the requested physical therapy is medically necessary.