

<b>Case Number:</b>	CM14-0019405		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopaedic 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 59-year-old male was injured on February 22, 2012. The progress note dated December 17, 2013 indicates that the claimant presents for a Kenalog injection to the left knee. The examination documents well healed arthroscopic portals, tenderness over the medial compartment and range of motion from 0 to 120. In addition, left knee arthroscopy is documented as having been performed on November 16, 2012, which demonstrated grade 2 chondromalacia of the patella and medial femoral condyle. The December 18, 2013 progress note indicates that the knee examination was "unremarkable." This progress note indicates that the claimant has achieved maximum medical improvement from the orthopedic standpoint. The examiner indicated feature medical care should be provided for the left knee concluded 6-8 physical therapy visits per year. The request for therapy with secondary to knee arthritis. The utilization review in question was rendered on January 21, 2014. The reviewer non-certified the request for 10 physical therapy visits for the left knee. The reviewer indicates that 36 postoperative physical therapy sessions have been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (2 X 5) FOR THE LEFT KNEE:** Upheld

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

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

**Decision rationale:** The request exceeds the MTUS guidelines for postoperative therapy. Additionally, the request exceeds the recommended future care based on the agreed medical examination (AME) dated December 18, 2013. When taking the perspective that this is likely a chronic condition and evidence of underlying osteoarthritis, the claimant is likely well versed in a home exercise plan at this point in time. As such, the request is considered not medically necessary.