

<b>Case Number:</b>	CM14-0137911		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 45-year-old male who reported an injury on 04/19/2013 due to an auto versus motorcycle accident on the freeway. On 02/26/2014, the injured worker presented for an orthopedic re-evaluation. There was reports of complaints to the right knee. Upon examination, the range of motion values for the right knee was 0 to 120 degrees with pain in the medial and lateral aspect and positive patellofemoral crepitation and a positive patellofemoral grind with pain with deep palpation and a positive McMurray's. There was 4-/5 strength with extension and 4+/5 strength with flexion. The diagnoses were status post ORIF of the right wrist, status post labral repair of the right hip, right wrist surgery, intra-articular fracture of the tibial eminence of the right knee with grade 2 and grade 3 patellofemoral chondromalacia and lateral femoral chondromalacia based on MRI studies of 05/07/2013 with continued symptoms and recent physical intervention. The provider recommended physical therapy for the right knee, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy sessions 2 x 6 for the right knee:** Upheld

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

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

**Decision rationale:** The request for additional postoperative physical therapy sessions 2 times 6 for the right knee is not medically necessary. The California MTUS state that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after a hospital discharge for total knee arthroscopy results in a small to moderate short term but no long term benefit. In the short term therapy interventions with exercise based on functional activities may be more effective after a total knee arthroscopy then traditional exercise programs which concentrate on asymmetric muscle exercises and exercises to increase range of motion in the joint. The guidelines recommend a postsurgical treatment of 30 visits over 12 weeks for the fracture of tibia and fibula with the postsurgical physical medicine treatment period at 6 months. Provider's request for additional postoperative physical therapy sessions to the right knee exceed the guideline recommendations postsurgical treatment period of 6 months. Additionally, the efficacy of the prior physical therapy treatments and the amount of physical therapy treatments to date has not been provided. As such, medical necessity has not been established.