

<b>Case Number:</b>	CM14-0153346		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine and Rehabilitation 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 44-year-old female who has submitted a claim for left lateral meniscus tear status post left knee arthroscopy (06/09/2014) associated with an industrial injury date of 01/15/2013. Medical records from 03/13/2014 to 08/25/2014 were reviewed and showed that patient complained of left knee pain graded 0-4/10 that was aggravated by prolonged walking. Physical examination revealed left knee strength of 4/5, flexion at 135 degrees, and extension at 0 degrees. Treatment to date has included left knee surgery 06/08/2013, left knee arthroscopy and debridement (06/09/2014), and 16 visits of physical therapy, and pain medications. Utilization review dated 09/08/2014 denied the request for physical therapy twice a week for four weeks (8 sessions) for the left knee because patient should have transitioned to HEP following extensive physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks (8 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, Postsurgical Treatment Guidelines.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. According to CA MTUS Postsurgical Guidelines, 12 visits of postoperative therapy over 12 weeks are recommended for lateral meniscus tear. In this case, the patient has already completed 16 visits of physical therapy that exceeded guidelines recommendation. It was unclear as to why the patient cannot self-transition into HEP. Therefore, the request for physical therapy twice a week for four weeks (8 sessions) for the left knee is not medically necessary.