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| <b>Case Number:</b>   | CM14-0154689 |                              |            |
| <b>Date Assigned:</b> | 09/24/2014   | <b>Date of Injury:</b>       | 05/01/2013 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 09/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### 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. 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 52-year-old male sustained an industrial injury on 5/1/13. Injury occurred when two metal rollers crushed the patient's right knee. The patient underwent left knee arthroscopy with excision of synovial plica, tricompartmental synovectomy, chondroplasty of the patella, and partial medial and lateral meniscectomies on 6/12/14. Records indicated that post-op physical therapy was approved for an initial 8 visits. Post-op physical therapy was initiated on 7/2/14 with 6 sessions documented as of 7/29/14. The patient was progressing and had reduction in symptoms and improvement in function of more than 40% over the initial 6 visits. The 8/8/14 progress report cited grade 1/10 pain at rest, increasing to grade 5/10 with prolonged walking and standing, squatting, and stair climbing. Severe difficulty was noted with squatting past 45 degrees, walking more than mile, or climbing more than 10 steps. Moderate difficulty was noted with prolonged standing and stair climbing less than 10 steps. Range of motion was 0-135 degrees. Quadriceps strength was 4/5. Strength was reported lacking for proper stair negotiation. Additional physical therapy was requested 2x4 to address residual strength, range of motion and functional deficits. The 9/12/14 utilization review denied the request for additional physical therapy as the medical necessity of care beyond guidelines was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, twice a week, left knee Quantity: 8:** Overturned

**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 California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Authorization for 8 initial post-op physical therapy visits is noted in the file. The patient demonstrated good functional improvement and pain reduction with the initial course of care. Additional physical therapy was requested to address residual strength, range of motion and functional deficits. Four additional visits would be supported within the general course of care. It is reasonable that additional improvement in the documented functional deficits could be achieved with the total 8 visits requested. Therefore, this request is medically necessary.