

<b>Case Number:</b>	CM14-0167417		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of August 29, 2011. A utilization review determination dated October 2, 2014 recommends non-certification of physical therapy. Non-certification is recommended due to lack of documentation of functional deficits requiring additional supervised therapy. A progress report dated September 10, 2014 identifies subjective complaints indicating that the patient is doing great following knee surgery in March 2014. The patient states that she has just gotten rid of a cane and that the physical therapy is gruesome but she has 4 weeks left. She states that the pain is better than it was before. The note goes on to state that she is fully independent with activities of daily living. There is slight tenderness to palpation in the left knee with negative orthopedic tests, restricted range of motion, and 4/5 strength around the left knee. Diagnoses indicate that the patient is at maximum medical improvement following surgical repair of her meniscus and cartilage on the left knee. Future medical treatment recommends orthopedic supervision for another 12 months including an MRI and consideration for a steroid injection if needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x 6 (12 visits over 6 weeks): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical Medicine

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

**Decision rationale:** Regarding the request for additional physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT (physical therapy) sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the patient is independent with ambulation and ADLs (activities of daily living) and has recently been declared MMI. In light of the above issues, the currently requested additional physical therapy is not medically necessary.