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| <b>Case Number:</b>   | CM14-0171283 |                              |            |
| <b>Date Assigned:</b> | 10/24/2014   | <b>Date of Injury:</b>       | 07/24/2013 |
| <b>Decision Date:</b> | 12/03/2014   | <b>UR Denial Date:</b>       | 09/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2014 |

### 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 Family Medicine and is licensed to practice in Colorado. 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 40 year old male with history of repetitive motion injury 7/24/2013, continues follow up with treating physician. Patient has history of Lumbago and Left Knee pain, and had meniscectomy 6/3/2014. Per the records supplied, patient's knee problem has been treated with home exercise, bracing, injections, non-steroidal anti-inflammatory drugs, and narcotics. Patient has also had 24 sessions of formal Physical Therapy, though the records are unclear as to when the Physical Therapy was accomplished, pre and/or post-operative. Patient continues with pain swelling and "giving out" of the left knee. The treating physician requests 12 additional sessions Physical Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits 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 Pain Interventions and Treatments Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Per the MTUS Guidelines, Physical Medicine (Physical Therapy) is recommended. Passive therapies would be indicated short term early in the injury / pain process to alleviate pain and swelling. Active therapies then would be added to the passive therapies to

improve flexibility, strength, endurance and function. Patients would require supervision initially and then would continue active therapies at home to maintain function and overall improvement. Active therapies results in better clinical outcomes than passive therapies alone. Per the MTUS postsurgical guidelines, the recommended number of Physical Therapy visits after Meniscectomy, is 12 visits over 12 weeks. The patient of concern has exceeded recommended postsurgical physical therapy sessions. It is not clear, in the records, if patient gained any relief from those sessions regardless. As patient has exceeded maximum number of sessions in Physical Therapy recommended, and as the records do not indicate improvement (or lack of same) with Physical Therapy, the request for additional Physical Therapy is not medically indicated.