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| <b>Case Number:</b>   | CM14-0175334 |                              |            |
| <b>Date Assigned:</b> | 10/27/2014   | <b>Date of Injury:</b>       | 10/02/2013 |
| <b>Decision Date:</b> | 12/04/2014   | <b>UR Denial Date:</b>       | 09/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2014 |

### 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 Pain Management 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:

This patient is a 65 year old male with an injury date of 10/02/13. Work status as of 9/23/14: Return to modified work/activity today: No squatting. No kneeling. No climbing ladders. Based on the 9/23/14 progress report by [REDACTED], this patient complains of "knee pain" with "symptoms are located in the left knee, the symptoms occur intermittently, unchanged." Exam of this patient's range of motion for the left knee: "Limited ROM in all planes." Diagnosis for this patient is strain of left knee. Normal gait. No tenderness or swelling of extremities. The utilization review being challenged is dated 9/24/14. The request is for post op physical therapy 2 x week x 6 weeks, left knee. Because the criteria for meniscectomy was not met according to the ODG, post operative physical therapy was non-certified. The requesting provider is [REDACTED] and he has provided various reports from 10/02/13 to 9/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operation Physical Therapy 2 Times A Week For 6 Weeks, Left Knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,25, Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** This patient presents with pain and symptoms that "occur intermittently" and "limited ROM in all planes." The treater's request is for Post Op Physical Therapy 2 X Week X 6 Weeks, Left Knee. The 9/12/14 progress report by [REDACTED] states: "He will require physical therapy after the procedure. The frequency and the duration will be determined based on the exact procedure performed at the time of surgery. But on average the frequency is two times a week and the duration could be anywhere from four weeks to 16 weeks dependent on the particular procedure." Review of submitted medical records are as follows:- 6/11/14 progress note indicates "Physical therapy has been completed" and "he continues to perform home PT exercises, and occasionally uses ice and heat at home."- 3/07/14: "[REDACTED] has still suggested continue home therapy as well as active physical therapy."- 1/27/14: "Plan is to continue physical therapy two times a week for six weeks."- 1/09/14: "Patient shall be allowed to continue the remainder of the physical therapy."- 12/19/13: "Continue the physical therapy."- 12/11/13: "He has been attending physical therapy at Advanced Physical Therapy" and "We will be giving him another prescription for physical therapy two times a week for six weeks at Advanced Physical Therapy."- 11/08/13: "Physical therapy even at [REDACTED], according to patient was very helpful."- 10/31/13: "He is going forward with another course of physical therapy."- 10/04/13: "Patient has been also scheduled for therapy 3 times a week for 2 weeks."- 10/02/13: "Patient will be started on physical therapy 3 times a week for 2 weeks for both knees. Depending on the type of post-operative knee procedure(s) performed, MTUS allows for a varying number of visits, over the course of a specified time frame, within a certain treatment period. However, this patient has already completed two courses of physical therapy (though total numbers of sessions are unknown). Furthermore, he has already "transitioned to home PT, and occasionally uses ice and heat at home." The 9/23/14 report indicates this patient has normal gait with no "tenderness or swelling of extremities." He is also scheduled to return to modified work. Lastly, this patient has not received authorization from the work comp carrier for surgery, as confirmed by the 10/01/14 letter written by the treater, "in appeal to a denial for surgery." Since authorization for surgery has not been approved or received, the request for post op physical therapy is no longer necessary. The requested Post Operation Physical Therapy 2 Times A Week For 6 Weeks for Left Knee is not medically necessary or appropriate.