

<b>Case Number:</b>	CM14-0177822		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 is a 37-year old patient with a date of injury on 8/29/2013. In a progress noted dated 9/26/2014, the patient complained that the physical therapy was not providing benefits. The patient continued to experience tenderness to palpation. A progress note dated 8/13/2014 indicates that the patient has had at least 7 sessions of physical therapy post-operatively. Objective findings: increased pain with range of motion type of exercises. The diagnostic impression shows right knee pain, status post right knee contusion, and status post right knee arthroscopy on 2/8/2014 Treatment to date: medication management, behavioral modification, surgery, physical therapy A UR decision dated 10/7/2014 denied the request for Associated Surgical Services: Physical Therapy 2 times a week for 6 weeks for right knee. The rationale for the denial could not be located in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Physical therapy 2 x 6 for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 - Arthroplasty, Postsurgical Treatment Guidelines.

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. In the present case, this patient is status post left knee arthroscopy on 2/8/2014. There is documentation that the patient has had prior post-surgical physical therapy. Guidelines support up to 24 visits over 10 weeks with a 4 month postsurgical physical medicine treatment period. However, in a progress note dated 9/26/2014, there was no functional improvement noted from the previous physical therapy visits. In fact, patient complained that physical therapy was not providing benefit, and there continued to be tenderness to palpation. No clear rationale was provided regarding what benefit what additional sessions of physical therapy would provide. Furthermore, there was no discussion regarding plans to transition into a home exercise program. Therefore, the request for Associated Surgical Services: Physical Therapy 2 x 6 for the right knee was not medically necessary.