

<b>Case Number:</b>	CM14-0179161		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 New York. 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:

The patient is a 38-year-old with a date of injury September 20, 2011. The patient slipped and fell and injured the right knee and right hand. Prior treatment has included 10 visits of physical therapy, ice therapy, other exercises, and acupuncture. The patient had right knee injection. The patient had right knee arthroscopy. The patient continues to have right knee pain. On physical examination the pain was worse with motion and the patient had 1-100 of motion in the knee. The patient was noted to be walking normally. There is tenderness over the medial and lateral joint line. There is crepitus with flexion. At issue is whether additional physical therapy is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, twice weekly for four weeks, right knee:** Upheld

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

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

**Decision rationale:** The patient does not meet establish criteria for additional postoperative physical therapy at this time. Guidelines recommend 12 visits over 12 weeks. However, the

medical records do not document exactly how which physical therapy the patient has had postoperatively to date. In addition there is no documentation a functional improvement with the patient's recent physical therapy trials after surgery. Since it is unclear exactly, physical therapy the patient has had and there is no documentation a functional improvement to date with physical therapy, additional physical therapy should not be authorized at this time.