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| <b>Case Number:</b>   | CM14-0022723 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 09/04/2013 |
| <b>Decision Date:</b> | 12/04/2014   | <b>UR Denial Date:</b>       | 02/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 & Rehabilitation, has a subspecialty in Pain Management 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:

The injured worker is a 57-year-old male who reported an injury on 09/04/2013. He was reportedly climbing down from a truck and as he lowered his left leg to the ground, he felt a sharp pain in the left knee. He denied falling or twisting the knee. On 01/24/2014, the injured worker presented for a follow-up visit after having a left knee arthroscopy 3 weeks prior. Range of motion values for the left knee were 100/30 degrees of hip flexion/extension, 20/30 degrees of hip rotation, 25/15 degrees of hip abduction/adduction, 90/0 of knee flexion/extension, 20/40 degrees of ankle dorsi/plantar flexion. There was 5/5 strength and intact sensation in all dermatomes. The left knee wound was clean, dry, and intact with no erythema. Diagnosis was status post left knee arthroscopy. The provider recommended postop physical therapy 2 times a week for 8 weeks for the left knee. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 and 25.

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

**Decision rationale:** The request for post-op physical therapy two (2) times a week for eight (8) weeks for the left knee is not medically necessary. The California MTUS Guidelines state that functional exercises after hospital discharge result in small to moderate short term, but not long term benefit. The guidelines recommend postsurgical treatment for knee arthroscopy at 24 visits over 10 weeks with a postsurgical physical medicine treatment of 4 months. The amount of postsurgical physical therapy visits the patient underwent was not provided. Additionally, the efficacy of the prior treatments was not provided. As such, medical necessity has not been established.