

<b>Case Number:</b>	CM14-0024588		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/07/2004
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old with an injury date of 7/22/11. The patient complains of mild residual swelling and give-way of the 5-months post surgical right knee per a 1/31/14 report. Based on the 1/31/14 progress report provided by [REDACTED], the diagnoses include sprain of unspecified site of knee/leg, other postsurgical status, and meniscus tear. An exam on 1/31/14 showed slightly antalgic gait favoring right lower extremity. The patient uses hinged brace. Range of motion is 0-120 degrees. Good distal pulses and capillary refill. [REDACTED] is requesting physical therapy 6 visits. The utilization review determination being challenged is dated 2/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/9/13 to 1/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 98,99.

**Decision rationale:** This patient presents with right knee pain and is s/p right knee meniscectomy from 8/5/13. The treater has asked for physical therapy 6 visits on 1/31/14 and does not explain the need for additional therapy. A review of the physical therapy notes shows the patient had 24 sessions from 8/23/13 to 1/3/14. Regarding knee arthroplasty, the MTUS Postsurgical Guidelines recommend 24 visits over 10 weeks within 6 months of surgery. In this case, the patient is more than 5 months post-surgery, has completed 24 sessions of physical therapy, and has regained full range of motion. Considering the lack of functional deficits to address, the requested 6 additional sessions of physical therapy are not considered medically necessary for the patient's condition at this time. As such, the request is not medically necessary and appropriate.