

<b>Case Number:</b>	CM14-0030678		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Pennsylvania. 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 claimant is a 26-year-old male injured on November 26, 2012, while descending a utility pole. The records available for review document a past surgical history of left knee arthroscopy and patellar realignment in 2010, as well as a November 15, 2013, left knee arthroscopy with partial medial and lateral meniscectomies, partial synovectomy and chondroplasty. According to a May 29, 2014, follow-up note, the claimant reported constant, moderate to severe pain in the left knee, accompanied by numbness, weakness and occasional giving way of the joint. Pain radiated to the low back described as cramping and stabbing. The claimant noted that the pain was aggravated by activities of daily living and repetitive and constant activity, especially activities involving bending, twisting or lifting, carrying, and prolonged walking, climbing stairs or standing. Medications, hot and cold applications and rest seem to alleviate the discomfort. Physical examination of the left knee showed a healed incision across the superior portion of the kneecap from a prior injury. Mild crepitation of the patellofemoral joint was reported, along with normal patellofemoral alignment. The claimant reported mild residual medial joint pain. McMurray's test was equivocal. Range of motion was from 0 to 130 degrees. No significant swelling was noted. The records note that the claimant was being treated with medications of unspecified type. A physical therapy note dated March 14, 2014, documented that the claimant underwent eight visits of physical therapy. No other conservative treatment is noted. This request is for eight additional sessions of post-operative physical therapy for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient, post operative Physical Therapy for the left knee, 2 times a week for 4 weeks, QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS ACOEM Post- Surgical Guidelines, the request for eight additional sessions of post-operative physical therapy would not be indicated in this case. The Post Surgical Guidelines provide for 12 sessions of physical therapy over 12 weeks within six months post-surgically. The reviewed records state that the claimant already underwent eight visits of physical therapy, and there is no rationale in the reports documenting why the claimant would not be able to engage in a home exercise program. In combination with the already completed therapy, the request for eight additional sessions exceeds the Post Surgical Guidelines-allowable limit. In addition, it comes more than six months post-surgically. For these reasons, the request is not established as medically necessary.