

<b>Case Number:</b>	CM14-0034547		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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 65-year-old female who reported an injury after she tripped and fell on 10/27/2011. The clinical note dated 02/25/2014 indicated the injured worker reported improvement since her last visit. The injured worker reported bilateral low back and ankle pain due to limping and compensating for her left knee pain. The injured worker reported improvement with physical therapy. She reported she had attended 6 of 8 approved sessions. The injured worker reported improved strength, and was able to do more repetitions with home exercise programs. The injured worker reported aggravated factors were increased activity. A physical exam of the right knee revealed tenderness to the medial joint line. An examination of the left knee revealed decreased range of motion and swelling, no effusion, tenderness to the posterior knee found medial joint line and lateral joint tenderness. The right knee range of motion revealed flexion of 135, extension of 0, left knee range of motion revealed flexion of 120, extension of 15. The injured worker's diagnoses were knee arthroscopy for left lateral meniscectomy 06/27/2012 and 08/02/2013, contusion of the knee bilaterally, arthritis of the knee bilaterally, derangement of lateral meniscus of knee. Overall, the physician noted the injured worker has improved range of motion and tolerated a more aggressive exercise program. The injured worker's prior treatments included diagnostic imaging, surgeries, 28 physical therapy treatments to the knees, 6 acupuncture treatments to the knees, and medication management. The provider submitted a request for additional post-op physical therapy 2 x 6 to the bilateral knees. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Op physical therapy 2x6 bilateral knee QTY: 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker had prior sessions of physical therapy. The completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Therefore, the request for 12 additional post-op physical therapy sessions for bilateral knee is not medically necessary.