

<b>Case Number:</b>	CM14-0037676		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Geriatrics 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 injured worker is a woman with a date of injury of 5/20/11. She is status post left knee arthroscopy for a meniscus tear on 10/26/13. She was seen by her primary treating physician on 1/13/14 with complaints of 5/10 low back pain and 1/10 left knee pain. Her physical exam showed tenderness and hypertonicity with limitations in range of motion due to pain. Her right knee could flex 124/130 degrees and extend 0/0 degrees. Deep tendon reflexes were normal. Muscle strength was normal in the right and left lower extremity. Her diagnoses were lumbar spine sprain/strain, lumbar disc syndrome, status post osteoarthritis and left knee surgery of the left knee, leg sprain/strain, acid reflux/gastropathy. She received a course of physical therapy in 10/13 and was receiving therapy as of January 2013. The notes indicate no changes in symptoms since the prior treatments. At issue in this review are physical therapy sessions at two times per week for four weeks directed at the left knee.

### 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 TO THE LEFT KNEE 2X4:** 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 9792.20 - 9792.26, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** The guidelines for arthroplasty and meniscus tears is 12 visits over 12 weeks. There physical therapy notes do not indicate length of prior therapy or number of prior therapy sessions. They do document no change in symptoms or improvement with treatment. The physical exam in the 1/13 visit documents a right knee, not a left knee exam so the status of the left knee is not known. Additionally, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual. Therefore, the request is not medically necessary.