

<b>Case Number:</b>	CM14-0047489		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 68 year-old with a date of injury of 07/23/12. Voluminous records were included consisting of patient instructions, face sheets, and other administrative data. There were no progress reports after 2012 that included a history, objective findings, or treatment plan. It was gleaned from the administrative notes that the patient underwent a total knee replacement in November of 2013. Diagnoses included a sprain/strain and torn meniscus of the knee. He also received an unspecified number of physical therapy sessions in mid-2013. 19 physical therapy sessions occurred after the surgery between November 2013 and February 2014. A Utilization Review determination was rendered on 03/20/14 recommending non-certification of "Physical Therapy 6 visits (retrospective)".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 6 visits (retrospective):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11 - 24.

**Decision rationale:** The current request is for additional physical therapy. The California MTUS Postsurgical Guidelines for chondromalacia of the patella include a general course of therapy of 24 visits over 10 weeks, with a postsurgical physical medicine treatment period of 6 months. An initial course of therapy should be tried, which is one-half the number of visits specified in the general course of therapy. Then, with documentation of functional improvement, a subsequent course of therapy can be prescribed within the parameters of the general course of therapy. The Guidelines also specify that after completion of the general course of therapy, if it is determined that additional functional improvement can be accomplished; physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the RFA did not specify the retrospective dates of the physical therapy. Therefore, the appropriateness cannot be determined. The record does not document the medical necessity for 6 retrospective physical therapy sessions on unspecified dates.