

<b>Case Number:</b>	CM14-0050002		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/29/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 and 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 46-year-old female who reported an injury on 12/29/2013 due to falling off the steps of a bus. Diagnoses for the injured worker were contusion of knee, right; contusion of hand, right; sprain and strain of metacarpophalangeal of right hand; contusion of knee, acute. Past treatments for the injured worker were finger splint, brace for her right knee, physical therapy, and medications. The injured worker had an MRI in 01/2014 that revealed a tear in the posterior horn of the medial meniscus, MCL sprain, osteochondral lesion along the patella, and Baker's cyst. Surgical history for the injured worker included weight loss surgery. The injured worker had complaints of hand and knee pain. She rated her pain as a 9/10. Aggravating factors were bending and walking. The injured worker stated the pain persisted in the right hand and right knee, with little improvement after 2 physical therapy sessions. Physical examination dated 01/07/2014 revealed range of motion of the right knee flexion was 100 degrees; extension was to 0 degrees; hyperextension was to 0 degrees, with diffuse tenderness of the anterior knee. Medications were not reported. Treatment plan was for 24 visits of postoperative physical therapy. The Request for Authorization dated 04/03/2014 was submitted for review which also included a request for authorization for a diagnostic knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Visits of Post-operative Physical Therapy 3x8 to the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12.

**Decision rationale:** The request for 24 visits of postoperative physical therapy 3x8 to right knee is not medically necessary. The California Medical Treatment Utilization Schedule states the medical necessity for postsurgical physical medicine treatment for any given patient is dependent on, but not limited to, such factors as the comorbid medical conditions; prior pathology and/or surgery involving same body part; nature, number, and complexities of surgical procedure undertaken; presence of surgical complications; and the patient's essential work functions. The guidelines also state if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Surgical reports were not submitted. The physical examination dated 02/21/2014 revealed for exam of musculoskeletal that the injured worker denies joint pain, muscle pain, or swelling. There were no pertinent objective findings within the reports submitted to indicate the need for 24 visits of post-operative physical therapy 3 X 8 to the right knee. Given the lack of confirmation that injured worker underwent right knee surgery, the request is not supported. Therefore, the request is not medically necessary.