

<b>Case Number:</b>	CM14-0061056		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Occupational Medicine, 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:

This is a 43-year-old female with a 9/18/13 date of injury. The mechanism of injury was when she was coming out of an office and another car bumper ran into her and she was pinned midhigh between two cars, subsequently falling to the ground and injuring her knee, hip, and back. According to a 5/12/14 progress report, the patient is two-and-a-half months postop right knee arthroscopy, chondroplasty, synovectomy, and excision of plica. Objective findings: knee exam shows no significant swelling. Portal scars are well healed. Range of motion is 0 to 125 degrees, exam otherwise stable, distal neurovascular is intact. Diagnostic impression: right knee two-and-a-half months status post arthroscopic surgery. Treatment to date: medication management, activity modification. A UR decision dated 4/23/14 denied the request for additional physical therapy 2x4 for right knee. The patient has attended 12 post-operative physical therapy sessions for the treatment of arthroscopy with partial meniscectomy which is the guideline recommended number of physical therapy visits for this condition. No objective physical problem such as substantial weakness or motion restriction is described as being present that might require prolonged additional treatment with formal physical therapy for this problem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 2X 4 Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

**Decision rationale:** 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(s) undertaken; presence of surgical complications; and the patient's essential work functions. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Patient had right knee arthroscopy performed on 2/27/14. Post-surgical guidelines for meniscectomy are 12 visits of physical therapy over 12 weeks. The patient has already completed 12 sessions of physical therapy. There was no rationale provided as to why the patient needs additional physical therapy despite lack of guideline support. Therefore, the request for Additional Physical therapy 2X 4 Right Knee was not medically necessary.