

<b>Case Number:</b>	CM14-0068565		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55-year old male who sustained injury to his right knee on 01/10/13 while standing on a frame ladder cleaning a light fixture; he lost his balance and fell, injuring his neck, knee, and right leg. The injured worker underwent right knee surgery dated 02/28/14 follow by twelve postoperative physical therapy visits. A clinical note dated 04/10/14 reported that the injured worker was recovering well and his knee was feeling much better. Physical therapy was effective and he was recommended for an additional six visits to address remaining functional deficits. Progress report dated 07/08/14 reported that the injured worker continued to complain of right knee pain 8/10 visual analog scale (VAS) score that was constant, sharp with occasional numbness and tingling. Physical examination of the right knee noted tenderness to palpation of the right patella, ankle; right knee pain with movement (flexion/extension). The injured worker was diagnosed with contusion of the right leg and recommended additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Additional Physical Therapy (PT) to the Right Knee Two (2) Times per Week Over Three (3) Weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD-9 717.0; 717.5; 717.6;717.7; 726.72) Page(s): 25.

**Decision rationale:** Previous request was denied on the basis that the evaluation dated 04/10/14 reported that the injured worker was recovering well and feeling much better. Moreover, within the clinical documentation submitted for review, there was no indication that the injured worker was actively participating in a home exercise program, or a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, or exact amount of postoperative physical therapy visits the injured worker had to date. The California Medical Treatment Utilization Schedule (MTUS) recommends up to twelve visits over twelve weeks for up to a period of four months for the diagnosed injury. Additionally, the proposed frequency, duration and timeframe exceed the recommendations in place by guidelines. Given this, the request for outpatient additional physical therapy to the right knee two times per week over three weeks is not indicated as medically necessary.