

<b>Case Number:</b>	CM14-0073551		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Management and is licensed to practice in Tennessee. 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 67-year-old male with a 5/1/10 date of injury. The mechanism of injury occurred when a heavy ladder weighing 300 pounds fell on the patient. According to a report dated 6/16/14, the patient had undergone left knee arthroscopy on 4/9/14. He stated that he felt unstable sometimes when walking for a long period of time. Objective findings: well-healed surgical scar over the medial and lateral joint lines of left knee, tenderness to palpation over the medial joint line, lateral joint line, and peripatellar region. Diagnostic impression: status post left knee arthroscopy/medial meniscectomy/chondroplasty/debridement performed on 4/9/14. Treatment to date: medication management, activity modification, chiropractic therapy, surgery. A UR decision dated 5/13/14 denied the request for physical therapy 3x4 for the left knee. An initial 50% of the guideline recommendation for 12 sessions (allowing for 6 post-operative PT visits) had been provided on a previous request. Therefore, the request is not reasonable or medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 for left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** 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. CA MTUS postsurgical guidelines support up to 12 physical therapy visits over 12 weeks for knee meniscectomy. A UR decision dated 5/14/14 modified a request for 12 physical therapy sessions for the left knee post-op to 6 sessions. It is unclear if the patient has completed these 6 physical therapy sessions. Additional physical therapy sessions require documentation of functional improvement and gains in activities of daily living. Therefore, the request for Physical Therapy 3 times a week for 4 weeks for left knee was not medically necessary.