

<b>Case Number:</b>	CM14-0079105		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 43-year-old male with an original date of injury of March 7, 2013. The mechanism of injury occurred in an altercation with an inmate and a twisting of the left knee. The patient developed left knee immediately following the injury and right knee pain later came on from over compensation. The patient underwent left knee surgery on January 15, 2014. The patient had chondroplasty of patella, trochlear groove, and medial femoral condyle and synovectomy of the left knee. He has since undergone 24 sessions of physical therapy. A utilization review determination denied the request for further visits of postoperative physical therapy. The cited rationale included a lack of documentation of items such as current range of motion, or a specific need for ongoing supervise therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST-OP PT 2 X 4 TO LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The patient underwent left knee surgery on January 15, 2014. The patient had chondroplasty of patella, trochlear groove, and medial femoral condyle and synovectomy of the left knee. He has since undergone 24 sessions of physical therapy. By the standards of the MTUS, this is considered a full postoperative course. In cases where there is a request for further physical therapy beyond the standard course, there should be documentation of extenuating circumstances. A progress note on date of service April 15, 2014 documents that there is left knee tenderness to palpation over the medial joint line in for patellar aspect. The patient continues with quadriceps atrophy. He has antalgic gait to the left. There is no explanation as to why the patient cannot be transition to a self-directed home exercise program. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.