

<b>Case Number:</b>	CM14-0081525		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/25/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 62 year old female with a reported date of injury on November 25, 2011. The mechanism of injury is described as walking through a turn stall at her job that had jammed causing her to hit her right knee against a hard metal bar. An MRI of the right knee dated 11/18/13 revealed grade IV chondromalacia patella with small joint effusion. The injured worker immediately experienced pain and swelling to the right knee. The diagnosis is tear meniscus other current (836.2). The injured worker underwent right knee arthroscopic examination and surgery on February 18, 2014. An orthopedic re-evaluation performed on April 21, 2014 documented pain on a scale of 8/10. Tenderness over incision sites, over the medial and lateral joint line. Calves were noted as soft on palpation. Negative Homan's sign. Right knee range of motion was zero degrees extension to about 110 degrees flexion. Difficulty with prolonged (10 minutes) standing and minimal weakness in the right knee was noted. Treatment plan for the right knee included a request for steroid injection and a knee brace. A prior utilization review resulted in denial of the request for post operative physical therapy 3 x week for 4 weeks to the right knee on May 21, 2014; as the original number of visits completed post operatively was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Physical Therapy 3xWK x 4Wks Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20, Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** On 04/21/14 it was noted that the claimant had difficulty with prolonged standing, flexion was 0 to 110 degrees and physical therapy had already improved range of motion (ROM), decreased pain and improved function. The documentation does not state how much physical therapy the worker already had received. Moreover the goals and objectives of the request are not articulated. It is also not stated why the injured worker cannot be monitored in a home exercise program. In light of these issues, the request is not medically necessary and appropriate.