

<b>Case Number:</b>	CM14-0097339		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 26 year old with a work injury dated 6/30/12. As of 6/20/13, the diagnoses include: right knee sprain with osteoarthritis and meniscal tear, and status post right knee arthroscopy. The request is for 18 physical therapy visits for the right knee. There handwritten report by the treating physician that indicates the patient has increased pain with prolonged activity and weather changes. Pain radiates into his back back and foot. The objective findings include: NVT BDVI and no signs/symptoms of infection. There is mild swellingSwelling and 0-140 degree flexion. The treatment plan includes home exercises and physical therapy 3 times a week for six weeks. An order form dated 9/16/13 states that the patient has had 12 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to right knee Qty 18:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine p.98-99 Page(s): 98-99,Postsurgical Treatment Guidelines.

**Decision rationale:** The patient has completed his postoperative therapy of 12 sessions, which is what is recommended by MTUS postsurgical Treatment Guidelines. The patient is currently out of the postoperative period and there is no documentation that reveals the medical necessity of a request for an additional 18 visits of Physical Therapy. The patient needs to be versed in a home exercise program at this point in time. Any patient that is out of the postoperative period would be allowed up to 10 visits for this condition if needed. There are no extenuating factors in the documentation that require this therapy. The request for Physical Therapy to right knee Qty. 18 is considered not medically necessary.