

<b>Case Number:</b>	CM13-0032615		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 51-year-old female who reported an injury on 12/17/2012. The mechanism of injury was not provided. The clinical note dated 04/04/2014 noted that the injured worker presented stating that her knee felt much better. She reported tingling in her toes after therapy. Active range of motion noted 10 to 95 degrees of the right knee and passive range of motion 6 to 107 degrees of the right knee. There was decreased pain and decrease muscle tension with guarding and increase range of motion and increase joint mobility. An MRI of the right knee, performed on 07/01/2013, revealed severe tricompartmental arthrosis with focal areas of exposed bone over the medial compartment with the reactive synovitis. There was a complex tear of the medial meniscus. The provider recommended postoperative physical therapy for the right knee times 12 visits. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy right knee 12 visits:** Upheld

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

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

**Decision rationale:** The request for postoperative physical therapy for the right knee times 12 visits is not medically necessary. The California MTUS Guidelines recommend 12 visits of postoperative therapy. The injured worker was previously certified for an initial 6 visits. There was a lack of documentation on the efficacy of the prior therapy and the amount of therapy that the injured worker had participated in was not provided. Additionally, there was a lack of objective functional deficits noted along with baseline values to measure the efficacy of therapy sessions. The provider's request did not indicate the frequency of the physical therapy sessions in the request as submitted. There were no significant barriers to transitioning to an independent home exercise program. As such, medical necessity has not been established.