

<b>Case Number:</b>	CM14-0186899		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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 patient is a 41-year-old male who has submitted a claim for right knee internal derangement, meniscus tear, and tear of medial cartilage status post arthroscopy associated with an industrial injury date of 12/12/2013. Medical records from 2014 were reviewed. The patient is status post right knee partial medial meniscectomy with noted improvement. Knee range of motion is measured from zero to 90 degrees. +1 effusion was noted. There is no significant pain over the medial and lateral joint line or over the subacromial joint. Gait is satisfactory. Treatment to date has included right knee arthroscopy, three-compartment synovectomy, chondroplasty of patella and lateral femoral condyle, and partial meniscectomy lateral on 7/23/2014, physical therapy and medications. The utilization review from 10/2/2014 denied the request for physical therapy two times a week times six weeks for the right knee. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 6 weeks Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As stated on page(s) 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, progress report from 9/16/2014 cited that patient had started physical therapy. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. It is unclear why patient is still not versed to home exercise program to address residual deficits. Moreover, there are no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. Therefore, the request for physical therapy two times a week times six weeks right knee is not medically necessary.