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| <b>Case Number:</b>   | CM14-0188191 |                              |            |
| <b>Date Assigned:</b> | 11/18/2014   | <b>Date of Injury:</b>       | 03/12/2013 |
| <b>Decision Date:</b> | 01/07/2015   | <b>UR Denial Date:</b>       | 11/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2014 |

### 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 Family 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:

This is a 32 year old female injured worker who sustained an industrial injury on 3/12/2013. She sustained the injury while moving a injured worker from a dental chair to a wheelchair. The current diagnoses include knee pain and status post right knee surgery. Per the doctor's note dated 10/28/2014, she had complaints of right knee pain at 8/10 with calf tenderness and swelling. The physical examination of the right knee revealed well healing wound, clean incision, range of motion 0 to 110 and trace medial joint line tenderness. The medications list includes Percocet, Tramadol-Acetaminophen, Ativan, Xanax, Norco, Compazine, Ibuprofen, Soma, Lipitor, Metformin, ProAir HFA, Diclofenac and Synvisc injection. She has undergone right knee partial lateral and medial meniscus repair and chondroplasty of the patellar ridge in July 2013 and right knee partial medial and lateral meniscectomy , complete patellofemoral synovectomy on 8/6/2014, appendectomy in 2008, Dilation and Curretage for endometriosis in 2008, C-section in 2009 and partial hysterectomy in 2010. She has had right knee MRI on 4/4/2013. She has had aquatic and physical therapies for this injury. She has completed 12 post-operative 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 the Right Knee 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The cited guidelines recommend 12 post-operative physical therapy visits over 12 weeks for this diagnosis. Per the records provided, injured worker has already had 12 post-operative physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. In addition per the cited guidelines "Injured worker education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy to the right knee 2 x 6 has not been established; therefore, the request is not medically necessary.