

Case Number:	CM14-0206079		
Date Assigned:	12/18/2014	Date of Injury:	01/08/2013
Decision Date:	02/20/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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

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 39-year-old female who has submitted a claim for status post left knee arthroscopy (8/27/2014 and 7/12/2013) associated with an industrial injury date of 1/8/2013. Medical records from 2014 were reviewed. The patient complained of persistent left knee pain rated 6/10 in severity status post repeat arthroscopy. She reported no overall improvement from previous therapy sessions. Physical examination of the left knee showed well-healed surgical scars, mild edema at left patella, knee flexion to 120 degrees, knee extension to 0 degree, negative patellar grind test, negative anterior and posterior drawer test and weakness of muscles rated 4/5. The patient was able to reach 130 degrees of knee flexion but with significant pain and discomfort. Treatment to date has included arthroscopic partial medial and lateral meniscectomy and chondroplasty of the medial femoral condyle on 7/12/2013, second arthroscopic procedure on 8/22/2014, 12 post-operative physical therapy sessions and medications. The request for extension of physical therapy is to improve the patient's functional restoration. The utilization review from 11/12/2014 denied the request for physical therapy 12 visits (3x/week x 4 weeks) for the left knee status post arthroscopy 8/22/14 because of no significant pain reduction from previous sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 visits (3x/week x 4 weeks) for the left knee status post arthroscopy
8/22/14: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: CA MTUS Post-Surgical Treatment Guideline recommends post-operative physical therapy for 12 visits over 12 weeks for tear of medial / lateral cartilage / meniscus of knee and knee dislocation. Initial course of therapy means one half of the number of visits specified in the general course of therapy. With documentation of functional improvement, a subsequent course of therapy shall be prescribed. As stated on pages 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, the patient had arthroscopic partial medial and lateral meniscectomy and chondroplasty of the medial femoral condyle on 7/12/2013, second arthroscopic procedure on 8/22/2014 and completed 12 post-operative physical therapy sessions. The request for extension of physical therapy is to improve the patient's functional restoration. However, she reported no overall improvement from previous therapy sessions. There is no objective evidence of overall pain improvement and functional gains derived from the treatment. It is unclear why the patient is still not versed to home exercise program to address residual deficits. Therefore, the request for physical therapy 12 visits (3x/week x 4 weeks) for the left knee status post arthroscopy 8/22/14 is not medically necessary.