

<b>Case Number:</b>	CM15-0009050		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/24/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Physical Medicine & Rehabilitation

### 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 54-year-old female with an industrial injury dated 11/24/2009. She presents on 10/14/2014 with complaints of low back pain, left knee pain and pain in bilateral hips. She states she was walking down a set of metal stairs when the heel of one shoe got stuck on the stairs and she fell. She states she experienced immediate pain in her left shoulder, left hip and left knee. Prior treatment includes lumbar spine laminectomy and discectomy in August 2010 with minimal relief. In January 2011, she underwent left knee arthroscopic surgery. The injured worker continued with right knee pain and MRI in 2011 showed inflammation. She also had another MRI of her back showing hardware could be removed. She underwent lumbar 4 and lumbar 5 decompression surgery with removal of hardware. Other treatments included epidural injection, pain management physician, aquatic therapy and physical therapy. In April 2013 she underwent lumbar spine fusion and in September 2014 she underwent right knee arthroscopic partial medial meniscectomy, removal of loose bodies, chondroplasty, plica resection and synovectomy. Diagnoses include surgeries as listed above along with internal medical issues and sleep apnea. The provider notes the knee looks good post-operative and she is ready for physical therapy. On 12/18/2014 utilization review non-certified the request for continued physical therapy, right knee 2-3 times a week for 4 weeks. ODG and MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy for the Right Knee (2-3 times a week for 4 weeks 8-12):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Preface - Physical Therapy Guidelines

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

**Decision rationale:** The current request is for Continued Physical Therapy for the Right Knee (2-3 times a week for 4 weeks 8-12). The RFA provided dated 10/14/14 requests an indeterminate number of sessions. The patient is Temporarily Totally Disabled. MTUS Post-Surgical Guidelines states that for a dislocation of the knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months. MTUS, Post-surgical treatment guidelines states, "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". MTUS states, Initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery. The patient is within a post-surgical treatment period. The 12/23/14 report states, the patient is in need of physical therapy for the right knee for range of motion and strengthening at two times a week per week for four weeks due to the fact that she continues to experience severe right knee pain with weight bearing. This report also states that she has not yet begun therapy. However, the 11/18/14 report states the patient will continue physical therapy for the right knee at 2-3 times a week for 4 weeks. In this case, the reports provided for review are contradictory regarding the start of physical therapy. The number of any completed sessions is not documented. Presumably, prior therapy has been received as this request is for continued physical therapy. Guidelines allow 12 visits over 12 weeks. It appears the unknown number of sessions received combined with the 8-12 sessions requested may exceed what is authorized by guidelines. Furthermore, the MTUS allow one-half the number of visits specified in the general course of therapy as an initial course of therapy. If this request is for an initial course, the 8-12 sessions exceed what is allowed. If this request is for additional sessions, there is no documentation of functional improvement provided from initial therapy. The request is not medically necessary.