

<b>Case Number:</b>	CM15-0136376		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male patient who sustained an industrial injury on 10/30/2014. The accident was described as while working as a fry cook at a fast food restaurant, he slipped on some grease with his right foot and fell to the ground landing on his right side. He reported the injury was evaluated treated with medications, braces, a course of physical therapy and modified work duty. An orthopedic follow up visit dated 01/26/2015 reported the patient with subjective complaint of having constant pain and stiffness in the right wrist, and right knee. He is currently working modified work duty. He is not taking any prescribed medications. A recent primary treating office visit dated 07/01/2015 applied the following treating diagnoses: right wrist sprain/strain, status post arthroscopy, right knee; tear of meniscus knee, and chondromalacia of the knee. The patient is prescribed completing post-operative physical therapy with recommendation to undergo addition sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right knee:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in October 2014 and underwent right knee arthroscopic surgery with a partial meniscectomy on 04/20/15. As of 06/30/15 he had attended nine postoperative physical therapy treatments. When seen, he was having right knee pain. There was knee tenderness. An additional 12 physical therapy treatment sessions were requested. Post surgical treatment after knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative physical therapy and the number of additional visits being requested is in excess of that recommended or what would be expected to be needed to finalize a home exercise program. The request is not medically necessary.