

<b>Case Number:</b>	CM15-0142329		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 30 year old male with an industrial injury dated 05-15-2014. The injury is documented as occurring when he was walking very quickly when he felt a pop on his knee followed by swelling and pain. His diagnosis was status post left knee synovectomy. Prior treatment included left knee extensive anterior plica excision on 08-08-2014, exercise, TENS unit, physical therapy, injection in left knee and medications. He presents on 06/29/2015 six weeks status post left knee extensive arthroscopic synovectomy involving all three compartments. Objective findings were documented as range of motion 5 to 115 degrees. The treatment request is for physical therapy 2x4 weeks for left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 weeks for left 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 May 2014 and underwent and arthroscopic synovectomy on 05/18/15 when seen, she was six weeks status post surgery. There was decreased range of motion. She was continuing to take tramadol. Additional physical therapy was requested. Eight physical therapy progress note dated 07/08/15 references and overall 65% improvement since beginning physical therapy. The claimant was independently performing at home exercise program. He had been able to discontinue use of a crutch the previous week before. He had completed 10 postoperative therapy sessions. Post surgical treatment after the knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of additional post-operative therapy visits is in excess of the guideline recommendation or what might be needed to revise and finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.