

<b>Case Number:</b>	CM15-0142894		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 50-year-old male, who sustained an industrial injury on 5-23-2012. Diagnoses include status post left knee medial meniscal repair with partial lateral meniscectomy (12-09-2011), status post left knee arthroscopic surgery (12-21-2012) and status post left knee revision scope (4-24-2015). Treatment to date has included multiple surgical interventions (right knee arthroscopy, 2011, left knee surgery, 2011, left knee surgery, 2012, right shoulder surgery, 2012, and left knee arthroscopic partial meniscectomy on 4-24-2015 followed by 12 sessions of postoperative physical therapy), as well as conservative treatment consisting of diagnostics, physical therapy, trigger point injections, Synvisc injections, medications and transcutaneous electrical nerve stimulation (TENS). Per the Primary Treating Physician's Progress Report dated 6-16-2015, the injured worker reported feeling a popping sensation during physical therapy. Until then he was progressing nicely. He has had a low setback and comes in for evaluation. Physical examination of the left knee revealed a trace effusion laterally. There was stable Lachman and Anterior Drawer testing. The plan of care included additional physical therapy and authorization was requested for physical therapy for the left knee (2x6).

### 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: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter.

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

**Decision rationale:** Per the post-surgical treatment guidelines, the post-surgical treatment period for an old bucket handle tear; derangement of meniscus; loose body in knee; chondromalacia of patella; and tibialis tendonitis is 4 months. The post-surgical physical therapy sessions allowed is 12 visits over 12 weeks. In this case, the injured worker is status-post left knee revision scope (4-24-2015). He has completed 12 visits of physical therapy with stated benefit. Per the primary treating physician's progress report dated 6-16-2015, the injured worker reported feeling a popping sensation during physical therapy. Per the stated guidelines, additional physical therapy is authorized if the injured worker continues to make functional progress. This request is for 12 additional sessions, which would not allow for continuation of therapy based on monitored progress. The request for physical therapy, 2 times a week for 6 weeks is determined to not be medically necessary.