

<b>Case Number:</b>	CM15-0143512		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/19/2015
<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, Hawaii

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:

This 50 year old woman sustained an industrial injury on 6-6-2014. The mechanism of injury is not detailed. Diagnoses include status post knee surgery. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 6-15-2015 show complaints of left knee pain with popping, tightness, and limited flexion tolerance. Recommendations include activity modification, ice, elevation, physical therapy, home exercise program, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 weeks 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 patient presents with pain affecting the left knee. The current request is for Physical therapy 2x4 weeks left knee. The treating physician report dated 6/15/15 (3C) states, "Patient is instructed to continue with activity modification, ice and elevation, and

physical therapy" The report goes on to state, "Please accept this as a formal RFA for 8 PT visits to complete the recovery of her strength and function." The MTUS-PSTG supports 12 visits over 12 weeks for a Meniscectomy. The medical reports provided show that the patient has received 12 sessions of post-surgical PT previously (20B). The patient is status post left knee arthroscopy with partial medial and lateral meniscectomies on 1/29/15 (7B). In this case, the patient has received 12 sessions of post-surgical PT previously and the current request for an additional 8 PT sessions exceeds the maximum of 12 total PT visits supported by the MTUS- PSTG. Furthermore, 12 visits of prior physical therapy should have allowed the patient to establish a home exercise program. The current request is not medically necessary.