

<b>Case Number:</b>	CM15-0144043		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, 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 47-year-old male who sustained a work related injury December 10, 2013. While getting up from a desk he hit a drawer with his left knee and he experienced immediate pain in the left knee. X-ray and provided medication and a knee sleeve evaluated him. On June 2, 2015, he underwent a left knee arthroscopic partial medial and lateral meniscectomies, chondroplasty of patella and lateral tibial plateau, separate compartments, and tricompartmental synovectomy. According to a comprehensive pain management physician's consultation, dated June 19, 2015, the injured worker complains of pain in the left knee, which is aggravated with any type of weight bearing as well as bending and extending the left knee. He also reports pain in the lower back, which occasionally radiates down to his right hip, which he attributes to his antalgic gait. Sensory exam with Wartenberg pinprick wheel was decreased along the lateral thigh and lateral calf in the left in comparison to the right lower extremity. Examination of the left knee revealed portal incisions with Steri-Strips intact, no active drainage, positive tissue swelling with tenderness in the medial and lateral joint line. Knee range of motion; flexion 100 degrees right 40 degrees left and extension 0 degrees right and -20 degrees left. Assessment is documented as left knee internal derangement, status post arthroscopic surgery; lumbar herniated nucleus populous with myoligamentous. At issue, is the request for authorization for post-operative physical therapy for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 post-operative physical therapy for the left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 24.

**Decision rationale:** Regarding the request for physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.