

<b>Case Number:</b>	CM15-0147955		
<b>Date Assigned:</b>	08/24/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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:

The injured worker is a 33 year old male, who sustained an industrial injury on 5-30-2014. Diagnoses include degenerative arthritis knee. Treatment to date has included operative intervention (arthroscopic debridement, intraarticular adhesions and Cyclops lesion on 3-24-2015) and conservative measures including diagnostics, modified work, consultations, knee bracing, medications and physical therapy. Current medications include Anaprox, Omeprazole, Phentidine and Norco. Per the Primary Treating Physician's Progress Report dated 7-06-2015, the injured worker reported right knee pain. He has returned to work with restrictions and is reportedly doing well. He requests refills of his medications. Physical examination revealed clean, dry and intact incisions. He has full range of motion. He has some quadriceps atrophy; however, this is improved since the last visit. The plan of care included a custom hinged knee brace, refill of Norco and continuation of physical therapy. Authorization was requested for 6 sessions of physical therapy for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Physical therapy for the right knee, 6 sessions. The treating physician states in the report dated 7/6/15, "I would like the patient to continue with his physical therapy". (10B) the patient is status post arthroscopic debridement but it is not documented how many physical therapy sessions the patient has completed post-surgery. The MTUS Guidelines allow 24 visits over a 4 month period. The patient had the surgery in March 2015 and it is unclear how many physical therapy visits have been completed and if there was any functional improvement. The current request is not medically necessary.