

<b>Case Number:</b>	CM15-0149226		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, Florida, 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 61-year-old male who sustained an industrial injury on May 16, 2014 resulting in bilateral knee pain. He was diagnosed with dislocation of the left knee, meniscus tear of the left knee, and dislocation of the patella. Documented treatment has included visco-supplementation injection with decrease in pain intensity, left knee arthroscopy and partial lateral meniscectomy chondroplasty March 31, 2015, and medication. The injured worker continues to report left knee pain and reduced range of motion. The treating physician's plan of care includes 4 sessions of post-op physical therapy for the left knee. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Post operative additional one time a week for four weeks in treatment of the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

**Decision rationale:** This claimant was injured in 2014 with diagnoses of dislocation of the left knee, meniscus tear of the left knee, and dislocation of the patella. Documented treatment has included visco-supplementation injection with decrease in pain intensity, left knee arthroscopy and partial lateral meniscectomy chondroplasty March 31, 2015, and medication. The injured worker continues to report left knee pain and reduced range of motion. The surgery was several months ago. The MTUS does permit physical therapy in chronic situations, however, the MTUS notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. After several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. This request for more skilled, monitored therapy was appropriately non-certified.