

<b>Case Number:</b>	CM15-0163599		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Massachusetts

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 59 year old male who sustained an industrial injury on 07-02-2012. Mechanism of injury was not found in documentation presented for review. Diagnoses include bilateral knee internal derangement and left knee meniscal tear and ACL tear; status post left knee arthroscopic repair, lumbar spine strain and cervical spine strain. Treatment to date has included diagnostic studies, medications, status post left knee arthroscopy with extensive synovectomy, partial medial meniscectomy, partial lateral meniscectomy, chondroplasty of the medial femoral condyle and reconstruction of the torn anterior cruciate ligament using preserved bone-tendon-bone graft of the left knee on 03-18-2015, 28 physical therapy sessions, and ACL brace. He is temporary total disability. A physician progress note dated 07-27-2015 documents the injured worker complains of some left knee pain with improved range of motion and strength in the left knee. There is mild tenderness of the medial patella and decreased range of motion. The treatment plan includes continuation of physical therapy as well as a home exercise program. Treatment requested is for physical therapy 2x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work injury in July 2012 and continues to be treated for left knee pain. He underwent an arthroscopic medial and lateral meniscus repair with anterior cruciate ligament reconstruction on 03/18/15. Prior to surgery 18 postoperative therapy treatments were authorized. When seen, he had been receiving physical therapy two times per week and had two weeks left. He had improved range of motion and strength. Physical examination findings included mild tenderness. There was decreased flexion with slight pain. There was decreased knee extension and flexion strength. Recommendations included continued use of a knee brace. Home exercise was recommended. Authorization for an additional eight physical therapy treatment sessions was requested. Guidelines recommend up to 24 visits over 16 weeks after an anterior cruciate ligament reconstruction and up to 12 visits over 12 weeks after arthroscopic meniscectomy surgery. Concurrent treatments would be expected. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.