

<b>Case Number:</b>	CM15-0167038		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 37 year old female, who sustained an industrial injury on 05-08-2014. She reported injury to the right knee. The diagnoses have included internal derangement of the right knee; internal derangement of the left knee; status post prior right knee surgery; and status post right knee arthroscopy, medial meniscectomy, and chondroplasty, on 05-28-2015. Treatment to date has included medications, diagnostics, activity modification, injections, physical therapy, and surgical intervention. Medications have included Ibuprofen, Tramadol, and Prilosec. A progress report from the treating physician, dated 08-05-2015, documented an evaluation with the injured worker. The injured worker reported that her right knee continues to improve after undergoing right arthroscopic surgery on 05-28-2015; she has completed 8 sessions of physical therapy which were helpful, however she continues to have weakness in her right knee; she also complains of left knee pain aggravated with prolonged walking and standing; she has occasional sharp, shooting pain in her bilateral hips; she is currently utilizing Tramadol and Ibuprofen for pain and inflammation; she notes gastric upset from the Ibuprofen which she treats with Prilosec; she rated her pain at a 6 out of 10 with the use of her medication; she rates her pain at an 8 out of 10 without medication; she notes improvement with activities of daily living as a result of her current medication usage; and she is not working at this time. Objective findings included there is tenderness over the trochanteric bursa bilaterally; there is tenderness over the right knee medial joint line; active range of motion of the right knee revealed flexion at 125 degrees; there is tenderness over the left knee medial joint line; and active range

of motion of the left knee revealed flexion at 130 degrees. The treatment plan has included the request for additional post-op physical therapy 2x4 to the right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Additional Post-op Physical Therapy 2x4 to the Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** This 37 year old male has complained of right knee pain since date of injury 5/8/2014. He has been treated with injections, medications, surgery and physical therapy. The current request is for additional post-op physical therapy 2 x 4 to the right knee. The available medical records document prior certification for 12 sessions of postoperative physical therapy, 8 of which the patient had completed at the time of the current request. The objective documented findings include excellent range of motion of the right knee and no motor compromise. The available medical documentation does not include symptomatology or objective findings that would indicate the necessity of additional physical therapy beyond the 12 sessions that have already been approved. On the basis of the available medical records and per the guidelines cited above, additional post-op therapy 2 x 4 to the right knee is not indicated as medically necessary.