

<b>Case Number:</b>	CM15-0168567		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 51 year old male, who was injured on 1-28-2015. The request is for physical therapy 2 times weekly for 6 weeks for the right knee. The UR report dated 8-14-2015, indicated non-approval of physical therapy 2 times weekly for 6 weeks for the right knee. There is a request for authorization dated 6-4-2015 for surgical exploration and removal of a cyst of the right knee. The medical diagnoses have included painful right knee, chronic right knee pain, status post contusion of the right wrist, status post contusion of the right elbow, and right knee strain. The request for authorization for physical therapy and rehab care is dated 7-20-2015 with a diagnosis of popliteal synovial cyst. On 8-6-2015, an authorization request was made for continued physical therapy. Subjective findings revealed were: pain to the medial, lateral, and posterior aspects of the right knee with pain radiation. On 7-15-2015, he reported continued pain at the excision site of a right knee lesion. Objective findings revealed were: a full range of motion, a cyst at the posterior aspect of the knee, along with tenderness. Diagnostic findings revealed were: magnetic resonance imaging of the right knee (3-31-2015), showing a mild joint effusion, small posteromedial Baker's cyst, medial and lateral joint compartments with smooth articular surfaces and no evidence of medial meniscal or lateral meniscal tear, quadriceps and patellar tendons and cruciate and collateral ligaments are unremarkable. The treatments to date have included: at least 10 physical therapy sessions, and surgical removal of a cyst of the knee. Work status: He is off-work from 7-15-2015 through 7-20-2015 for physical therapy of the right knee. On 8-3-2015, he was continued as temporarily totally disabled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The claimant sustained a work injury in January 2015 and underwent excision of a right knee Baker's cyst. He has a history of a medial meniscus tear. On 07/15/15, he was still having pain at the surgical site when bending or extending his knee. Physical examination findings included a surgical wound that had not yet closed. As of 07/31/15, there had been completion of 12 physical therapy treatments. When seen, he was having ongoing right knee pain. Continued physical therapy was recommended and an additional 12 treatments were requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had post-operative physical therapy consistent with that recommended. 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.