

<b>Case Number:</b>	CM15-0184971		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 56 year old male, who sustained an industrial injury on June 13, 2013, incurring right knee and right foot injuries. He continued to have increased knee pain. Treatment included occupational therapy, neuropathic medications, anti-inflammatory drugs, proton pump inhibitor and pain management. A right knee Magnetic Resonance Imaging revealed an anterior cruciate ligament tear. On December 6, 2013, the injured worker underwent arthroscopic ligament reconstructive surgery. Treatment included a gym membership and postoperative physical therapy, which worsened his right knee pain. Currently, the injured worker complained of persistent right knee pain that was worse with activity. He noted swelling with the pain, which worsened when going up and down stairs. The pain was made better with rest and medications. The treatment plan that was requested for authorization on September 21, 2015, included six sessions of physical therapy for the right knee. On September 3, 2015, a request for six sessions of physical therapy for the right knee was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x6 sessions for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The claimant sustained a work injury in June 2013 and is being treated for right knee pain occurring when a structure collapsed while being supported with a twisting injury to the knee and foot. He underwent an anterior cruciate ligament repair on 12/06/13. Post-operative physical therapy was provided with 24 treatments referenced. When seen, there had been benefit with the therapy provided. Physical examination findings were medial joint line tenderness and there was some tenderness over the right superomedial tibia. A prior request for 12 additional physical therapy treatments was modified to 6 visits. After the surgery performed, guidelines recommend up to 24 visits over 16 weeks with a physical medicine treatment period of 6 months. 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. When requested, no impairment of strength or range of motion was recorded. It is not considered medically necessary.