

<b>Case Number:</b>	CM15-0187641		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 31 year old female with a date of injury on 06-21-2012. The injured worker is undergoing treatment for patellar instability of the right knee and right knee pain. A physician progress note dated 07-24-2015 documents the injured worker is 2 months status post right knee arthroscopy for lateral release and reefing of the medial retinaculum. Pain is improving and she is taking Norco 1 x day, usually on physical therapy days. Incisions are healed and there is no effusion. In a physician note dated 07-31-2015 the injured worker has pain in her bilateral knees which is off and on and she has reduced range of motion. On examination of the right knee there are healed incisions, and medial para patellar. There are effusions noted. There is mild quadricep atrophy. The treatment plan includes continuing with post-operative physical therapy as she states that it is helping her mobility. She is not working. She has completed at least 12 post-operative physical therapy sessions. A physical therapy noted dated 07-31-2015 documents the injured worker has made gains in ROM-strength since physical therapy began but not meeting functional STG. She was encouraged to start challenging herself. Treatment to date has included diagnostic studies, medications, bracing, activity modification, 16 physical therapy visits prior to knee surgery, and is status post right knee arthroscopy on 05-29-2015. Several documents within the submitted medical records are difficult to decipher. On 09-04-2015 Utilization Review non-certified the request for Postoperative physical therapy, 3 times weekly, right knee, Qty: 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy, 3 times weekly, right knee, Qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in June 2012 and is being treated for low back and bilateral knee pain. The injury occurred when her knee was struck by a falling shelf. She underwent a right knee arthroscopic lateral release with open medial retinaculum reefing on 05/29/15. As of 07/31/15 she had completed 10 post-operative therapy sessions. When seen, there was medial patellar and patellar tendon tenderness. There was decreased range of motion limited to 90 degrees of flexion. There was an antalgic gait. There was decreased quadriceps strength. Additional physical therapy is being requested. After the surgery performed, guidelines recommend up to 12 visits over 12 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. The request is not medically necessary.