

<b>Case Number:</b>	CM15-0188813		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on 10-21-2014. She reported an injury to the right ankle and knee and developing low back pain after she twisted her ankle. Diagnoses include chronic lumbosacral strain secondary to abnormal gait mechanics, internal derangement, right knee; status post right knee arthroscopy on 2-23-15, and right foot- ankle injury with Achilles tendinitis, plantar fascia and probable mild medial ankle tendinous injury. Treatments to date include activity modification, back support brace, knee brace, medication therapy, and physical therapy. Currently, she complained of ongoing pain in the right knee and low back. On 6-24-15, the physical examination documented muscle spasm and guarding at the base of the lumbar spine and decreased lumbar range of motion. There was joint line tenderness of the knee. The provider documented there were twelve (12) post-operative physical therapy sessions for the right knee. The plan of care included additional physical therapy sessions. The appeal requested authorization for six (6) physical therapy sessions for treatment of the right lower extremity and lumbar spine. The Utilization Review dated 8-24-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 sessions Right lower extremity and lumbar spine: Overturned**

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

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

**Decision rationale:** The current request is for physical therapy 6 sessions right lower extremity and lumbar spine. Treatments to date include right knee arthroscopy on 2-23-15, activity modification, back support brace, knee brace, medication therapy, and physical therapy. MTUS Post-Surgical Guidelines, pages 24 and 25, Knee section, support 24 sessions of therapy over 10 weeks following surgery. Per report 06/24/15, the patient presents with ongoing pain in the right knee and low back. The physical examination documented muscle spasm and guarding at the base of the lumbar spine and decreased lumbar range of motion. There was joint line tenderness of the knee as well. The patient has completed 12 post-operative PT following the 02/23/15 right knee arthroscopy. The treater recommended additional 6 sessions as the patient had some benefit with prior treatment, and still needs gait training as she continues to ambulate with a cane. MTUS supports 24 post op PT sessions following knee surgery, and this patient has only completed 12 with documentation of improvement. The requested additional 6 sessions is reasonable and supported by MTUS post-surgical guidelines. This request is medically necessary.