

<b>Case Number:</b>	CM15-0190465		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/19/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 55 year old male, who sustained an industrial injury on 12-19-2014. He reported a twisting injury to the left knee. Diagnoses include complex tear, posterior horn medial meniscus and lateral meniscus tear, status post left knee surgery on 3-24-15. Treatments to date include activity modification, joint injection, and twelve (12) post-operative physical therapy sessions. Currently, he complained of increasing pain to the left knee rated 7 out of 10 VAS. On 8-5-15, the physical examination documented healed incisions, antalgic gait and swelling to the left knee with decreased range of motion, decreased strength, and tenderness. The plan of care included physical therapy for the left knee. The appeal requested authorization for eight (8) physical therapy sessions, twice a week for four weeks, treating the left knee. The Utilization Review dated 9-1-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, left knee, 2 times weekly for 4 weeks, 8 sessions:** 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 December 2014 when he twisted his knee while working as a truck driver and climbing up a truck that was wet and underwent an arthroscopic partial medial and lateral meniscectomy on 03/24/15. He had postoperative physical therapy with completion of 12 treatment sessions as of 07/08/15. When seen, he was having continued left knee pain which was worsening. Pain was rated at 7-9/10. Physical examination findings included decreased left knee range of motion with medial and lateral joint line tenderness. There was decreased left knee strength. He had an antalgic gait. His body mass index was over 28. 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.