

<b>Case Number:</b>	CM15-0190559		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/09/2015
<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: California

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year old man sustained an industrial injury on 12-22-2014. Evaluations include left knee x-rays and MRI performed in 5-13-2015 showing a malunion of the patella and medial meniscus tear. Diagnoses include left patellar fracture of the back and left knee medial and lateral meniscus tear. Treatment has included oral medications, rest, and physical therapy. Physician notes from an orthopedic evaluation dated 8-27-2015 show complaints of left knee pain rated 5 out of 10 with tingling and locking as well as low back pain. The physical examination shows tenderness to palpation of the lumbar spine, right knee with full extension and flexion to 135 degrees, 1A Lachman, stable to valgus and varus stress at 0-30 degrees and no crepitus. Tenderness is noted to palpation of the medial and lateral patellar facets, crepitus is noted with range of motion, tenderness along the medial joint line, normal strength is noted to the bilateral lower extremities, sensation is intact to light touch in L3 to S1 dermatomes bilaterally. Recommendations include surgical intervention. Utilization Review denied a request for post-operative physical therapy on 9-9-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy, left knee, 2 times weekly for 12 weeks, 24 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:** Patient has reportedly been approved for arthroscopy of knee with meniscectomy. As per MTUS Post surgical guidelines, patient may receive up to 12 post-operative physical therapy. This request is for 24 PT sessions which is excessive and far exceeds guidelines. Utilization Review modified PT sessions to 12. Requested 24 PT sessions is not medically necessary.