

<b>Case Number:</b>	CM15-0195580		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 58 year old female who sustained a work-related injury on 1-20-15. The injured worker was status post left knee arthroscopy with medial and lateral menisectomy, chondroplasty of the trochlea and medial femoral condyle. Post-operatively the injured worker was authorized for 8 sessions of physical therapy (noted on 4-29-15 and 5-15-15). She was advised on performing home therapeutic exercise for range of motion and strengthening purposes (4-29-15 and 5-15-15). On 6-17-15 the injured worker reported continued pain to the left knee with occasional limping. She reported physical therapy had been extremely beneficial and she was able to walk with a straight leg and able to lift her leg when lying flat. Medical record documentation on 9-9-15 revealed the injured worker was being treated for left knee strain with MRI evidence of medial meniscal tear. She reported intermittent moderate left knee pain greater on the inner aspect. Objective findings included tenderness to palpation about the paralumbar musculature and the right sacroiliac joint. There were muscle spasms and a restricted range of motion due to pain. Fabere's Test was positive on the right. There was medial quadriceps weakness on the left knee and patellofemoral subluxation. A request for eight additional sessions of physical therapy for the left knee was received on 9-25-15. On 9-30-15, the Utilization Review physician determined eight additional sessions of physical therapy for the left knee was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy To Left Knee # 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Additional Physical Therapy To Left Knee # 8 is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 12 post op PT visits for this surgery and encourages a transition to an independent home exercise program. The documentation indicates that the patient was authorized at least 8 post op PT sessions. It is not clear why the patient is not independent in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy sessions therefore this request is not medically necessary.