

<b>Case Number:</b>	CM15-0200162		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/19/2004
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Hawaii

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 69 year old male who sustained an industrial injury on January 19, 2004. The injured worker is being treated for acute knee injury right knee pain. Subjective: March 06, 2015 right knee pain described as burning, radiating, aching, weakness and tingling. Patient indicates "everyday use worsens condition and lifting worsens condition." June 15, 2015 "still has pain along lateral joint line, the patellofemoral region." July 27, 2015 "he is still improving," "has had significant relief from physical therapy and is starting to strengthen his leg." "His muscle mass has improved, as has his gait pattern and gait rehab." Objective: March 06, 2015 "knee demonstrates laxity bilateral." "McMurray's test is positive for medial joint line pain and clicking bilateral and positive for lateral joint line pain and clicking bilateral." "Varus stress test reveals grade II injury, left. Medications: March 06, 2015 Butrans patches, Cymbalta, Docusate Sodium, Fetzima noted prescribed; May 11, 2015 prescribed Lidocaine patches; April 28, 2015 prescribed Norco. Treatment modality: activity modifications, medication, home exercise program, DME knee brace. On May 04, 2015 he underwent right knee arthroscopy, patella strap with mention of possible further physical therapy session. Diagnostic testing: MRI March 13, 2015 with medial meniscal tear and loose body involving the right knee. On August 28, 2015 a request was made for additional physical therapy sessions 8-12 for the right knee that was noncertified by Utilization Review on September 04, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 4-6 weeks for the right knee:** 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 medical records indicate the patient continues to have pain and weakness in his right knee following lateral meniscectomy and chondroplasty of the right knee on August 28, 2015. The current request is for additional physical therapy 2x per week for 4-6 weeks. The most recent progress report available for review is dated 7/27/15, page (23b), and indicates the patient reports significant relief with physical therapy and is beginning to strengthen his leg. He reports, "I think it would be beneficial for him to continue with therapy 2x per week another 6 weeks." I was unable to locate the progress report dated 8/28/15 cited by the UR reviewer. The UR report dated 9/4/15 states that 12 post-operative physical therapy sessions were completed from 7/2/15 through 8/5/15. The CA MTUS postsurgical guidelines allow 12 physical therapy sessions over 12 weeks for postsurgical treatment following meniscectomy. In this case, the attending physician provides no documentation of improved functional benefit and no exceptional circumstances to justify exceeding treatment guidelines. The records do not establish medical necessity for the request of additional physical therapy. Therefore the request is not medically necessary.