

<b>Case Number:</b>	CM15-0200795		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 59 year old male with an industrial injury date of 06-10-2014. Medical record review indicates he is being treated for meniscus derangements, other lateral meniscus right knee. Subjective complaints (09-04-2015) included right knee stiffness. "He had a few sessions of PT (physical therapy) after surgery, but I feel he is going to need more sessions to rehab his knee." His pain was rated as 7 out of 10. Work status (09-04-2015) is documented as remain off work. Physical exam (09-04-2015) is documented as revealing soreness and stiffness to the knee. The injured worker could not kneel or squat without "great" pain. Prior treatment included surgery, physical therapy and medications. On 09-15-2015 the request for the following treatments was denied by utilization review: Post-op physical therapy re-evaluation, right knee post-op physical therapy 2 times weekly for 3 weeks, 6 sessions, right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy re-evaluation, right knee, Qty 1: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy re-evaluation right knee #1 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is other meniscus derangements, other lateral meniscus, right knee, M23361. Date of injury is June 10, 2014. Request for authorization is September 3, 2015. The documentation indicates the injured worker underwent a right knee arthroscopy July 21, 2015. The documentation from [REDACTED] states the injured worker had a few sessions of physical therapy status post surgery. A physical therapy letter to the treating provider updated August 31, 2015 indicates the injured worker needs an additional six visits of physical therapy. There are no physical therapy progress notes in the medical record reflecting physical therapy rendered. There is no documentation demonstrating objective functional improvement from the six visits of physical therapy rendered. According to progress note dated September 4, 2015 from [REDACTED], the [REDACTED] provider is requesting additional physical therapy. The request for physical therapy is not coming from the orthopedic surgeon who performed the procedure. The objective section states the knee is sore and stiff and hurts with flexion. These are subjective symptoms and not objective clinical findings. There are no objective clinical findings documented in the record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy (other than the number of sessions), no documentation demonstrating objective functional improvement, and a request from [REDACTED] ([REDACTED]) and not from the treating orthopedic surgeon and no physical examination of the knee, postoperative physical therapy re-evaluation right knee #1 is not medically necessary.

**Post operative physical therapy, right knee, 2 times weekly for 3 weeks, 6 sessions:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy right knee two times per week times three weeks (#6 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is other meniscus derangements, other lateral meniscus, right knee, M23361. Date of injury is June 10, 2014. Request for authorization is September 3, 2015. The documentation indicates the injured worker underwent a right knee arthroscopy July 21, 2015. The documentation from [REDACTED] states the injured worker had a few sessions

of physical therapy status post surgery. A physical therapy letter to the treating provider updated August 31, 2015 indicates the injured worker needs an additional six visits of physical therapy. There are no physical therapy progress notes in the medical record reflecting physical therapy rendered. There is no documentation demonstrating objective functional improvement from the six visits of physical therapy rendered. According to progress note dated September 4, 2015 from [REDACTED] the [REDACTED] provider is requesting additional physical therapy. The request for physical therapy is not coming from the orthopedic surgeon who performed the procedure. The objective section states the knee is sore and stiff and hurts with flexion. These are subjective symptoms and not objective clinical findings. There are no objective clinical findings documented in the record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy (other than the number of sessions), no documentation demonstrating objective functional improvement, and a request from [REDACTED] [REDACTED] and not from the treating orthopedic surgeon and no physical examination of the knee, postoperative physical therapy right knee two times per week times three weeks (#6 sessions) is not medically necessary.