

<b>Case Number:</b>	CM15-0201947		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 12-14-2009. Medical records indicate the worker is undergoing treatment for a left knee revision arthroscopic medial meniscectomy on 8-13-2015. A recent progress report dated 10-1-2015, reported the injured worker complained of a left knee "tolerable aching pain", rated 5 out of 10 which is decreased from 8 out of 10. Physical examination revealed left knee tenderness to palpation, end point range of motion pain in the left knee and clean wounds without signs of infection. Recent treatment to date has included surgery, 6 sessions of postoperative physical therapy and medication management. On 10-2-2015, the Request for Authorization requested Twelve (12) post-operative physical therapy visits over 6 weeks for the left knee. On 10-7-2015, the Utilization Review modified the request for Twelve (12) post-operative physical therapy visits over 6 weeks for the left knee to 6 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) post-operative physical therapy visits over 6 weeks for the left knee:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in December 2009 when he felt a pop in his left knee while loading 90 pound bags of cement. He underwent left knee arthroscopic surgery on September 2010 with 12 post-operative physical therapy treatments. He underwent an arthroscopic revision meniscectomy on 08/13/15. When seen in October 2015 he had completed 6 physical therapy treatments. He was having aching pain which was tolerable and rated at 5/10. He no longer had pain with walking. He was able to squat with difficulty but with pain. Physical examination findings included left knee tenderness and pain at end range of motion. There was decreased knee strength at 4/5. An additional 12 physical therapy treatments were requested. 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 as well as therapy after his surgery in 2010. 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.