

<b>Case Number:</b>	CM15-0204123		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 is a 34 year old female who sustained a work-related injury on 9-2-13. Medical record documentation on 9-24-15 revealed the injured worker was being treated for right knee sprain-strain, left knee sprain-strain, left knee meniscal tear, and status post left knee surgery on 6-19-15. She reported bilateral knee pain and left ankle pain. She rated her right knee pain and her left ankle pain as a 6 on a 10-point scale which had decreased from 7 on a 10-point scale at the last visit. She rated her left knee pain a 6 on a 10-point scale which had decreased from 8 on a 10-point scale at her previous visit. Objective findings included grade 2-3 tenderness to palpation which had remained the same as her previous evaluation. She had grade 1-2 tenderness to palpation of the left ankle which had decreased from grade 3 on the previous visit. She participated in at least ten sessions of physical therapy and noted that the therapy helped to decrease her pain and tenderness. Her function and activities of daily living had improved by 20%. Her treatment plan included twelve sessions of physical therapy for the bilateral knees and Tramadol 50 mg. On 10-7-15 the Utilization Review physician determined 12 continued sessions of physical therapy for the right knee two times per week for six weeks as an outpatient was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Continue sessions Physical Therapy, of the Right Knee, two times a week for six weeks as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The requested 12 Continue sessions Physical Therapy of the Right Knee, two times a week for six weeks as outpatient is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Knee, Pages 24-25, Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72) note: Postsurgical treatment: 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 4 months. The injured worker status post left knee surgery on 6-19-15. She reported bilateral knee pain and left ankle pain. She rated her right knee pain and her left ankle pain as a 6 on a 10-point scale which had decreased from 7 on a 10-point scale at the last visit. She rated her left knee pain a 6 on a 10-point scale which had decreased from 8 on a 10 point scale at her previous visit. Objective findings included grade 2-3 tenderness to palpation which had remained the same as her previous evaluation. She had grade 1-2 tenderness to palpation of the left ankle which had decreased from grade 3 on the previous visit. She participated in at least ten sessions of physical therapy and noted that the therapy helped to decrease her pain and tenderness. Her function and activities of daily living had improved by 20%. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, 12 Continue sessions Physical Therapy, of the Right Knee, two times a week for six weeks as outpatient is not medically necessary.