

<b>Case Number:</b>	CM15-0020265		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: 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 26 year old male, who sustained an industrial injury on 4/3/14. He has reported right knee and lower back injury after getting stuck in wet cement while working as concrete layer. The diagnoses have included right knee sprain and status post right knee arthroplasty, partial, medial and lateral meniscectomies and chondroplasty. Treatment to date has included medications, diagnostics, surgery and physical therapy. Currently, the injured worker complains of persistent low back pain and is status post right knee arthroscopy. He ambulates with a limp present on the right. The Magnetic Resonance Imaging (MRI) of the right knee dated 4/23/14 revealed tear of the body and posterior horn of the medial meniscus and sprain. The physical exam of the bilateral knees revealed healed incisions about the right knee with mild swelling noted. There was a positive patella compression test and crepitus on the right. The injured worker has persistent right knee pain and has done only 8 sessions of post operative physical therapy. There was documentation of previous physical therapy noted. Request was for Post-op Physical Therapy 8 additional visits for the Right Knee. Work status was temporary total disability. On 1/9/15 Utilization Review non-certified a request for Post-op Physical Therapy 8 additional visits for the Right Knee, noting that the injured worker had 3 additional therapy sessions on 11/25/14 and physician states he received no notice of such. Given inability to clarify and that apparently the injured worker still had 3 approved visits remaining, the request was non-certified. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy for the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24-25.

**Decision rationale:** Regarding the request for PT, CA MTUS supports up to 12 postoperative sessions after arthroscopy, with half that amount recommended initially. Within the documentation available for review, it appears that 8 sessions were completed, with 3 additional sessions outstanding. While there was some confusion regarding the 3 outstanding sessions, there was no clear documentation of objective improvement with the prior PT sessions to support additional PT. Furthermore, there is no support for an open-ended request for PT and, unfortunately, there is no provision for modification of the request to allow for an appropriate amount of PT. In light of the above issues, the currently requested PT is not medically necessary.