

<b>Case Number:</b>	CM15-0020725		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 40-year-old female who sustained an industrial injury on 6/2/14. The injured worker reported symptoms in the right knee and back. The diagnoses included status post right knee lateral release, right knee degenerative joint disease, and patella chondromalacia. Treatments to date include status post right knee arthroscopy on 11/20/14, physical therapy, steroid epidural injections, and oral pain medications. In a progress note dated 1/20/15, the treating provider reports the injured worker was "improving with physical therapy." On 1/29/15 Utilization Review non-certified the request for physical therapy to right knee, 2 times a week for 6 weeks, total of 12 sessions. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to right knee, 2 times a week for 6 weeks, total of 12 sessions:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that following knee arthroscopy for menisectomy or chondromalacia of the patella, up to 12 supervised sessions of physical therapy over 12 weeks may be recommended. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. In the case of this worker, there was an arthroscopic surgery of the right knee on 11/20/14, followed by 12 sessions of physical therapy, which were helpful, based on the notes provided. However, the request for an additional 12 sessions of supervised physical therapy was not justified in the documentation. There was no indication that the worker was unable to perform home exercises or required supervision for any reason therefore, the 12 additional physical therapy sessions are not medically necessary.