

<b>Case Number:</b>	CM15-0023861		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

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 32 year old with an industrial injury dated 04/22/2014. The injured worker presents on 12/17/2014 2 months status post left knee surgery. He rates pain as 6/10. He has finished 12 sessions of post-operative physical therapy which decreased the pain and improved tolerance to a variety of activities. He was also complaining of low back pain. Physical exam revealed left knee range of motion 0-120 degrees with painful patello-femoral crepitation. There was no patellar instability. Lachman, anterior drawer and posterior drawer test were negative. There was tenderness of the medial and lateral joint lines. Gait was slightly antalgic. Prior treatments included heat, cold, activity modification, physical therapy, home exercise and muscle relaxants. Diagnosis included status post left knee arthroscopy 10/17/2014 and left knee bone bruise. On 01/30/2015 utilization review non-certified the request for additional post-op physical therapy, 3 times weekly, left knee. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op physical therapy, 3 times weekly for four weeks, left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Post-operative Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 12 therapy visits for the postoperative treatment of articular cartilage disorders. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by ODG. In light of the above issues, the currently requested additional physical therapy is not medically necessary.