Case Number:	CM15-0028052		
Date Assigned:	02/20/2015	**Date of Injury:**	07/02/2014
Decision Date:	04/06/2015	**UR Denial Date:**	01/16/2015
Priority:	Standard	**Application Received:**	02/13/2015

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, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 56 year old female, who sustained an industrial injury on July 2, 2014. The injured worker had reported a left knee injury. The diagnoses have included left knee pain and left knee medial meniscus tear. Treatment to date has included medications, x-ray of the left knee, MRI of the left knee, an arthroscopic multi-compartment synovectomy of the left knee and an arthroscopic a partial medial and lateral meniscectomy and chondroplasty of the left knee on November 4, 2014 and eight post-operative physical therapy visits. Current documentation dated January 14, 2015 notes that the injured worker complained of left knee pain rated at a four out of ten on the Visual Analogue Scale. Physical examination of the left knee revealed full flexion and extension both actively and passively. There was crepitus noted with full flexion and extension. On January 16, 2015 Utilization Review modified a request for post-operative physical therapy # 12. The MTUS, ACOEM Guidelines, were cited. On February 13, 2105, the injured worker submitted an application for IMR for review of post-operative physical therapy # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Post op physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)." There is no documentation of the efficacy and outcome of previous physical therapy sessions. The patient underwent 8 sessions of post-op physical therapy without clear documentation of efficacy. There is no documentation that the patient cannot perform home exercise. Therefore, the request of 12 sessions of Post op physical therapy is not medically necessary.