

<b>Case Number:</b>	CM15-0217506		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	02/15/2014
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Texas, California  
 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:

This is a 62 year old male with a date of injury on 2-15-14. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee pain, lower back and right shoulder pain. Progress report dated 9-17-15 reports persistent intermittent lower back pain that radiates down the left leg rated 5 out of 10, bilateral shoulder pain that is constant and rated 4 out of 10. Bilateral knee pain is intermittent and rated 3-4 out of 10. He also has a Baker's cyst on the left knee that gets aggravated after ambulation and he still has slight weakness of the knees. The pain is made better with rest and he is not currently taking any medications. Objective findings: lumbar spine has decreased range of motion and tenderness to palpation, positive straight leg raise on the left at 70 degrees to posterior thigh and positive Kemp's sign bilaterally. Right knee mild swelling to calf, gait is normal, and increased range of motion. Left knee slight decreased range of motion, palpable Baker's cyst and slight decreased quadriceps strength bilaterally at 4 plus out of 5. Treatments include: medication, physical therapy, and multiple surgeries. Request for authorization dated 9-30-15 was made for Post-operative physical therapy 12 visits for the bilateral knees. Utilization review dated 10-6-15 non-certified the request. The patient's surgical history includes left knee arthroscopy meniscectomy on 3/20/15 and right knee arthroscopy surgery on 7/10/15. The patient had received 12 post op PT visits for this injury. The patient sustained the injury due to cumulative trauma. The medication list included Verapamil, Aspirin, and Norco. Per the note dated 10/12/15, the patient had complaints of bilateral knee pain at 3-4/10 with weakness. Physical examination of the right knee revealed mild swelling and 130-degree flexion. Physical

examination of the left knee revealed 120 degree flexion, palpable backer cyst, and decreased strength.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-operative physical therapy 12 visits for the bilateral knees:** Upheld

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

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

**Decision rationale:** Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months. CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 12 visits over 12 weeks. The patient had received 12 post op PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. In addition as per cited guideline "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the bilateral knees is not specified in the records provided. The request for Post-operative physical therapy 12 visits for the bilateral knees is not medically necessary in this patient.