

<b>Case Number:</b>	CM15-0034404		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 38-year-old [REDACTED] employee, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 12, 2014. In a Utilization Review Report dated February 17, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as six sessions of the same. The claims administrator referenced a January 20, 2015, progress note in its determination. Non-MTUS ODG Guidelines were invoked. The claims administrator suggested that the applicant had undergone a micro fracture plus platelet rich plasma injections to correct a trochlear defect on January 10, 2015. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, seemingly suggested that the most recent clinical progress note on file was dated September 10, 2015. Thus, the January 10, 2015 operative report and January 20, 2015 progress note were made available to the claims administrator were not seemingly incorporated into independent medical review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative non weight bearing physical therapy twice a week for six weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, regarding Physical Therapy; Physical Medicine; Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** No, the request for 12 sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant apparently underwent a micro fracture plus chondroplasty plus platelet rich plasma injections on January 10, 2015, i.e., procedure, eventually analogous to a knee meniscectomy surgery. The MTUS Postsurgical Treatment Guidelines do espouse a general course of 12 sessions of treatment following knee meniscectomy surgery, but does qualify this recommendation by noting in MTUS 9792.24.3.a.2 by stating that an additional course of therapy represents one half of the general course of therapy for this specified surgery. One-half of 12 treatments, thus, is six treatments. The request for 12 sessions of treatment proposed here, thus, represents treatment in excess of MTUS parameters. Neither the January 10, 2015, operative report, nor the January 23, 2015, office visit on which article in question was sought were incorporated in the independent medical review packet. The information which was on file, did not, furthermore support or substantiate the more protracted course of therapy proposed here. Therefore, the request was not medically necessary.