

<b>Case Number:</b>	CM15-0037072		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

### 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 67 year old female who sustained an industrial injury on 10/7/11. She currently reports improvement in pain since right knee surgery. Medications include Voltaren, Prilosec, Norflex and Ultram. Diagnoses include current tear of medial cartilage or meniscus of the knee; lateral meniscus tear; medial meniscus tear; pain in limb; cervical and lumbosacral radiculopathy; right knee diagnostic arthroscopy (12/12/14). Treatments to date include medications, nothing else documented. No diagnostics were available for review. In the progress note dated 12/23/14 the treating provider requested 18 sessions of post-operative physical therapy. There were no results or progress documented from the physical therapy. On 2/2/15 Utilization Review non-certified the request for additional physical therapy 3 times a week for 6 weeks (18 sessions) right knee citing MTUS: Post-surgical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 x 6 weeks (18 sessions) right knee:** 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:** Based on the 12/23/14 progress report provided by the treating physician, this patient presents with improved right knee pain s/p right knee diagnostic arthroscopy from 12/12/14. The treater has asked for ADDITIONAL PHYSICAL THERAPY 3X6 WEEKS "18 SESSIONS" RIGHT KNEE on 12/23/14. The request is described as "additional" in the utilization review, but the requesting 12/23/14 progress report states the patient has not yet begun postsurgical physical therapy. The request for authorization was not included in provided reports. The patient is s/p right knee diagnostic arthroscopy, partial medial/lateral meniscectomy, partial synovectomy of medial/lateral knee compartment, and chondroplasty of lateral femoral condyl/lateral tibial plateau/medial femoral condyle from 12/12/14. The patient has not had recent physical therapy, but has been having some calf pain when she began walking yesterday per 12/23/14 report. The patient's work status is temporary total disability while she is recovering from surgery per 12/23/14 report. The MTUS Postsurgical Treatment Guidelines For Arthritis (Arthropathy, unspecified) (ICD9 716.9), states the general course of care for the Postsurgical treatment, meniscectomy, knee is 12 visits over 12 weeks; and the Postsurgical physical medicine treatment period is 6 months. The MTUS Postsurgical Treatment Guidelines For Arthritis (Arthropathy, unspecified) (ICD9 716.9), states the general course of care for the Postsurgical treatment, Chondromalacia of patella, knee is 12 visits over 12 weeks; and the Postsurgical physical medicine treatment period is 4 months. In this case, the patient is s/p right knee arthroscopy from 7 weeks prior. The patient has yet to initiate postsurgical physical therapy per 12/23/14 report. The treater has requested 18 sessions of physical therapy for the right knee, but MTUS postsurgical guidelines for chondromalacia and for meniscectomy allow 12 sessions maximum. The request for 18 physical therapy sessions exceeds MTUS guidelines for this type of knee surgery. The request IS NOT medically necessary.