

<b>Case Number:</b>	CM15-0038170		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/01/2015

### 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:

This 57-year-old female sustained a work related injury on 09/08/2013. On 08/22/2014, the injured worker underwent arthroscopic surgery of the right knee. On 11/14/2014, she underwent arthroscopic evaluation of the left knee, partial medial meniscectomy, chondroplasty, patellofemoral joint and lateral tibial plateau and medial joint line, partial synovectomy, excision of hypertrophic fat pad and excision of plica synovialis. According to a progress report dated 01/08/2015, subjective complaints were noted as status post left knee OPA 1+ month, better, right knee: complained of giving out, awaiting on Agreed Medical Evaluation on 02/11/2015, physical therapy 2 x week and prescription for pain as needed. Objective findings included wound clean and dry, 5-120 degrees, McMurray negative and weak quads. Diagnoses included chondromalacia patellae and sprain of knee and leg not otherwise specified. Treatment plan included continue physical therapy, home exercise and ice. Progress notes submitted for review did not indicate how many sessions of physical therapy had been completed to date. Physical therapy notes were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The patient presents with left knee pain. The patient is status post left knee arthroscopy from 11/14/2014. The physician is requesting PHYSICAL THERAPY 2x6. The RFA was not made available for review. The patient's date of injury is from 09/08/2013 and she is currently temporarily totally disabled. The patient's surgery was performed on 11/14/2014 and the post-surgical guidelines apply. The MTUS Post-Surgical Guidelines page 24 and 25 on Arthropathy recommends 24 visits over 10 weeks. The records do not show any physical therapy reports. The 01/08/2015 report shows that the patient has been receiving physical therapy; however, the number of treatments she has received thus far was not documented. In this report, the patient states that her right knee is giving out. Wound is clean and dry. McMurray's is negative. Quads are weak. No other examination was noted. The MTUS page 8 on chronic pain require satisfactory response to treatment including increased levels of function, decreased pain or improve quality-of-life. Given the lack of functional improvement while utilizing physical therapy post-operatively the requested 12 additional sessions IS NOT medically necessary.