

<b>Case Number:</b>	CM15-0041909		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42 year old female who sustained an industrial injury on 08/08/2012. Current diagnoses include other unspecified derangement of the medial meniscus, pain in joint involving lower leg, disturbance of skin sensation, and other tenosynovitis or hand and wrist. Previous treatments included medication management, physical therapy, and gym pass. Current diagnostic studies included MRI of the left knee and x-rays of the left knee. Report dated 02/11/2015 noted that the injured worker presented with complaints that included left knee pain. Physical examination was positive for abnormal findings. The treatment plan included recommendation for an operative intervention in the form of left knee medial menisectomy and chondroplasty, in addition to surgery a request for crutches, cold therapy unit, 12 visits of post operative physical therapy, and medical clearance. The physician felt it was necessary to continue with pre-operative physical therapy 8 sessions to keep her strong and help with the recovery of surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 post-operative physical therapy visits over 6 weeks for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Postsurgical Treatment Guidelines. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous-flow cryotherapy; Walking aids.

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

**Decision rationale:** 12 post-operative physical therapy visits over 6 weeks for the left knee is not medically necessary as written per the MTUS Post Surgical Guidelines. The guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The request for 12 post operative physical therapy visit exceeds the recommended initial course of therapy which would typically be half this number (six). Therefore the request as written for 12 post-operative physical therapy visits over 6 weeks for the left knee is not medically necessary.