

<b>Case Number:</b>	CM15-0044295		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on September 15, 2013. He has reported right knee pain. Diagnoses have included tear of the lateral cartilage or meniscus of the knee. Treatment to date has included physical therapy, chiropractic, acupuncture and knee surgery. A progress note dated November 24, 2014 indicates the injured worker is doing well following the knee surgery on September 24, 2014. The treating physician documented a plan of care that included continuation of therapy for three additional months then home exercise, no additional diagnostic workup, and follow up with primary treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, three times a week for four weeks, then twice a week for four weeks, then once a week for four weeks (24 sessions total): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week for four weeks, then two times per week for four weeks, then one time per week for four weeks (24 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right knee arthroscopy with partial medial and lateral meniscectomy versus repair debridement chondroplasty. The remaining diagnoses are illegible. The documentation shows the injured worker received 12 physical therapy sessions pursuant to a physical therapy evaluation on October 14, 2014. The documentation contained the initial physical therapy evaluation and one subsequent physical therapy progress note. There is no documentation with objective functional improvement. There was no documentation from the requesting physician with a clinical indication or rationale for additional physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record warranting additional physical therapy. Consequently, absent compelling clinical documentation with objective functional from prior physical therapy (12 sessions), physical therapy three times per week for four weeks, then two times per week for four weeks, then one time per week for four weeks (24 sessions) is not medically necessary.