

<b>Case Number:</b>	CM15-0082647		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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, Pain Management, 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 injured worker is a 61 year old male who sustained an industrial injury on 4/15/2008. His diagnoses, and/or impressions, are noted to include: cervicalgia/trapezial musculoligamentous sprain/strain with attendant bilateral upper extremity radiculitis; lumbar spine musculoligamentous sprain/strain with attendant bilateral lower extremity radiculitis, right > left; bilateral knee strain with right knee medial meniscus tear, tricompartmental osteoarthritic changes, and status-post partial meniscectomy and chondroplasty - right knee (3/4/15); bilateral shoulder/peri-scapular strain; bilateral medial/lateral epicondylitis/tendinitis/bursitis; and insomnia, emotional complaints, sexual dysfunction, right Ophthalmic nerve palsy and atrophy, with decompression surgery of the right optic nerve, and headaches - deferred to the appropriate specialists. Recent magnetic imaging studies of the right knee are noted on 8/20/2014. No current electrodiagnostic studies are noted. His treatments have included a functional capacity evaluation on 10/7/2010; a home exercise program; use of an ambulation aid; rest from work; cold unit therapy; urine toxicology screenings; and medication management. The Emergency Department record of 3/10/2015, notes he was admitted, 7 days post right knee arthroscopic surgery, for swelling in the operative leg. He was diagnosed, and treated for, a right lower extremity deep vein thrombosis. The progress notes of 3/20/2015 noted slight post-operative swelling and scars with decreased tenderness over the joint lines and patellofemoral region; tenderness of over the right calf with a positive Homan's sign; and positive crepitus and grind, as

well as decreased and painful range-of-motion. The physician's requests for treatments were noted to include initial post-operative physical therapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**8 post-operative physical therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

**Decision rationale:** MTUS 2009 recommends up to 22 sessions of physical therapy post-operatively. This request is for 8 sessions which fits within the recommended guidelines. The assumption is that these 8 sessions are included within the recommended 22 sessions and do not represent an additional number of sessions beyond this number. However, based upon the information available for review, these 8 sessions are approved. The request is medically necessary.