

<b>Case Number:</b>	CM15-0233002		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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 49 year old male with a date of injury on 08-13-2014. The injured worker is undergoing treatment for tear of medial cartilage or meniscus of the left knee, status post left knee medial meniscectomy on 07-17-2015. A physician progress note dated 08-17-2015 documents the injured worker has left knee full range of motion and he is doing very well, but still has some pain when walking on uneven ground. There is no effusion present. A physician note dated 09-17-2015 documents he is better but has some pain when he first wakes up. He has 3 more physical therapy sessions. There is full range of motion and no effusion. There is tenderness over the patellofemoral joint. The knee is stable. "He is ready to return to work at this time. He does not need any further physical therapy." The primary physician note dated 09-21-2015 documents his knee is improving slowly. He continues to be symptomatic. He is to continue therapy. A physician note dated 10-29-2015 documents the injured worker had returned to work but had to stop due to left knee pain. He has complaints of mild patellofemoral pain intermittently. On examination there is no effusion, and ROM is 0-120 degrees. The knee is stable and meniscal signs are negative. He is discharged from ortho and is capable of doing his regular work. Treatment to date has included diagnostic studies, medications, physical therapy and surgery. On 10-28-2015 Utilization Review non-certified the request for Physical therapy 2 x 3-left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Physical Therapy 2x3 left knee is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 12 visits for this condition. The documentation indicates that the patient has been authorized 12 post operative physical therapy sessions. There are no significant physical exam findings that necessitate 6 more supervised therapy programs. The patient should be competent in a home exercise program. The request for 6 more PT sessions for the left knee is not medically necessary.