

<b>Case Number:</b>	CM15-0234988		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: Emergency 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 32 year old male who sustained an industrial injury November 26, 2014. Diagnoses are status post left knee arthroscopy, chondroplasty patella, and extensive synovectomy July 24, 2015; grade 2 to 3 chondromalacia of the lateral facet of the patella. A physical therapy note dated September 30, 2015, revealed the injured worker attended 6 sessions of therapy; August 17- September 16, 2015. The treating physician requested an additional 6 sessions on September 21, 2015. According to an orthopedic physician's notes dated November 4, 2015, the injured worker presented for follow-up for his 3rd Supartz injection to his left knee. He reported no pain relief after the 2nd injection and is still walking with a cane. Examination of the left knee revealed no erythema or swelling. Treatment plan included the 3rd Supartz injection and at issue, a request for authorization dated November 9, 2015, for physical therapy x 8 visits, left knee. According to utilization review dated November 23, 2015, the request for Physical Therapy x 8 visits, left knee were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 8 visits left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The requested Physical therapy x 8 visits left knee , is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Knee, pages 24-25, Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72) note: Postsurgical treatment: 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 4 months. The injured worker is status post left knee arthroscopy, chondroplasty patella, and extensive synovectomy July 24, 2015; grade 2 to 3 chondromalacia of the lateral facet of the patella. A physical therapy note dated September 30, 2015, revealed the injured worker attended 6 sessions of therapy; August 17- September 16, 2015. The treating physician requested an additional 6 sessions on September 21, 2015. According to an orthopedic physician's notes dated November 4, 2015, the injured worker presented for follow-up for his 3rd Supartz injection to his left knee. He reported no pain relief after the 2nd injection and is still walking with a cane. Examination of the left knee revealed no erythema or swelling. The treating physician has not documented sufficient objective evidence of derived functional improvement from completed therapy sessions, nor the medical necessity for additional physical therapy sessions in excess of recommended quantities versus continued participation in a dynamic home exercise program to address any residual functional deficits. The criteria noted above not having been met, Physical therapy x 8 visits left knee is not medically necessary.