

<b>Case Number:</b>	CM15-0242611		
<b>Date Assigned:</b>	12/22/2015	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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: New York, West Virginia, Pennsylvania  
 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 59 year old male who sustained an industrial injury on 3-19-2013. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for unspecified knee and leg sprain and strain, chondromalacia of patella, and internal derangement medial meniscus knee. The operative report (10-7-2015) states that the injured worker underwent a right knee arthroscopy, partial medial and lateral meniscectomies, chondroplasty of the medial femoral condyle, and removal of loose body. The injured worker (10-12-2015) reports postoperative right knee pain. There is no documentation of a physical exam on 10-12-2015 in the provided medical records. The injured worker (10-28-2015) reports worsening of his right knee pain, stiffness, weakness, and numbness. The physical exam (10-28-2015) reveals worsening of right knee tenderness to palpation. The medical records (10-28-2015) refer to the injured worker having been treated with post-operative physical therapy, but the dates and results of that treatment were not included in the provided medical records. Per the treating physician (10-28-2015 report), the injured worker has not returned to work. The treatment plan includes continuing physical therapy with an additional 14 sessions. On 11-23-2015, the original utilization review non-certified a request for 14 sessions of post-operative physical therapy for right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**14 Post operative physical therapy sessions for right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, the patient has completed 1 out of 5 approved visits and is approved to attend an additional 2 sessions. A request for 14 physical therapy sessions to the right knee was not accompanied by objective functional response to therapy and exceeds the number of PT sessions recommended for post-operative treatment and is not medically necessary and appropriate.