

<b>Case Number:</b>	CM13-0039226		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33 year-old male who reported an injury on 07/26/2012 and the mechanism of injury was from a trip and fall. The current diagnosis is internal knee derangement (bilaterally). The clinical information indicated that the injured worker continued to have pain with the right knee since his injury. The request is for post-surgical right knee physical therapy; however, the surgery type and the date it was performed were not provided in the medical records. A clinical note from 12/18/2013 indicated that the injured worker had lateral pain of the right knee and the range of motion was 0-90 degrees. The treatment plan was to increase weight bearing to 30 % then 50 % in 10 days and to continue physical therapy. The documentation provided failed to include current physical therapy notes. The request dated 09/18/2013, was for post-op physical therapy twice a weeks for 6 weeks; for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OP PHYSICAL THERAPY 2 TIMES A WEEKS FOR 6 WEEKS FOR THE RIGHT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The California MTUS Post-Surgical Guideline recommended 12 visits of post-operative physical therapy over 12 weeks for up to 4 months. The clinical documentation failed to provide the type of surgery that was performed to the right knee and the date it was performed. The guidelines recommend an initial course of therapy and if there is documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy. Given the lack of information pertaining to the surgery that was performed, the date it was performed on and the number of post-operative sessions the patient has attended, necessity cannot be determined. Therefore, due to the lack of supporting documentation the request for post-op physical therapy 2 times a week for 6 weeks for the right knee is not medically necessary.