

<b>Case Number:</b>	CM14-0137782		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 9/30/13 while employed by [REDACTED]. Request(s) under consideration include Post-op physiotherapy; additional eight (8) sessions (2x4), left knee. The patient is s/p left knee arthroscopic partial medial and lateral meniscectomies, synovectomy, and chondroplasty of femoral groove on 3/12/14. Report Hand-written somewhat illegible report of 6/2/14 from the provider noted patient was to complete the remaining 4-5 therapy sessions. Multiple physical therapy reports were presented with latest in June 2014 noted patient participating in various passive modalities; noted hip strength of 4+/5; full knee motion; functioning at 60-75%. Chiropractic therapy noted of 3/6/14 noted patient underwent ice packs/ unattended BMS; chiropractic manipulation for pain level of 3-5/10. Illegible hand-written report of 7/15/14 from "designated physician by provider in his absence/vacation" was chiropractor for the orthopedic provider noted right shoulder frequent pain with reaching, lifting, throwing; patient wishes to defer surgery to future medical care." No symptoms for knee noted. There is a checked box noting "remains the same since last exam." Exam of right shoulder showed flex/ext/abd of 155/30/150 degrees; positive impingement; 4/5 weakness in all planes; and tenderness at SA, SST, AC jt, and periscapula; left knee showed tenderness at M/ LJL, PF region; positive patellar grind; limp LLE; negative laxity; flex/ext of 99/0 degrees; 4+/5 weakness in F/E. Diagnoses included left knee surgery 3/12/14 with persistent chondral thinning femoral condyle with PFA. Treatment to continue PT left knee 2x4 then 1x4 and the patient remained TTD for another 6 weeks. The request(s) for Post-op physiotherapy; additional eight (8) sessions (2x4), left knee was non-certified on 8/6/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physiotherapy; additional eight (8) sessions (2x4), left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14-15.

**Decision rationale:** This patient sustained an injury on 9/30/13 while employed by [REDACTED]. Request(s) under consideration include Post-op physiotherapy; additional eight (8) sessions (2x4), left knee. The patient is s/p left knee arthroscopic partial medial and lateral meniscectomies, synovectomy, and chondroplasty of femoral groove on 3/12/14. Report Hand-written somewhat illegible report of 6/2/14 from the provider noted patient was to complete the remaining 4-5 therapy sessions. Multiple physical therapy reports were presented with latest in June 2014 noted patient participating in various passive modalities; noted hip strength of 4+/5; full knee motion; functioning at 60-75%. Chiropractic therapy noted of 3/6/14 noted patient underwent ice packs/ unattended BMS; chiropractic manipulation for pain level of 3-5/10. Illegible hand-written report of 7/15/14 from "designated physician by provider in his absence/vacation" was chiropractor for the orthopedic provider noted right shoulder frequent pain with reaching, lifting, throwing; patient wishes to defer surgery to future medical care." No symptoms for knee noted. There is a checked box noting "remains the same since last exam." Exam of right shoulder showed flex/ext/abd of 155/30/150 degrees; positive impingement; 4/5 weakness in all planes; and tenderness at SA, SST, AC jt, and periscapula; left knee showed tenderness at M/ LJJ, PF region; positive patellar grind; limp LLE; negative laxity; flex/ext of 99/0 degrees; 4+/5 weakness in F/E. Diagnoses included left knee surgery 3/12/14 with persistent chondral thinning femoral condyle with PFA. Treatment to continue PT left knee 2x4 then 1x4 and the patient remained TTD for another 6 weeks. The request(s) for Post-op physiotherapy; additional eight (8) sessions (2x4), left knee was non-certified on 8/6/14. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and possible meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 6 months without documented functional limitations or complications to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered nor what limitations are still evident for further therapy. The Post-op physiotherapy; additional eight (8) sessions (2x4), left knee is not medically necessary and appropriate.