

<b>Case Number:</b>	CM14-0022889		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 11/07/2012. The mechanism of injury was not provided. His diagnoses were status post right knee arthroscopy, partial lateral meniscectomy, chondroplasty and debridement; internal derangement of the left knee, rule out meniscus tear; cervical spine myoligamentous sprain/strain; cervical degenerative disc disease; lumbar spine myoligamentous sprain/strain; and partial rotator cuff tear/impingement syndrome of the right shoulder. Past treatments included medications, surgery, and injections. Surgeries included right knee arthroscopy. On 08/19/2013, the injured worker was seen 4 weeks post right knee arthroscopy, partial lateral meniscectomy, chondroplasty, and removal of loose bodies. He was improving steadily. He had completed 9 of 12 postoperative physical therapy sessions. He had pain, swelling, and catching of the knee. He had neck pain, upper back pain, and right shoulder pain. On examination of the knees, the surgical incisions were healed. There was no evidence of heat or swelling. There was a small effusion. The left knee was positive for medial joint line tenderness, McMurray's sign, and Slocum's sign. Range of motion revealed flexion was to 130 degrees to the left knee. The plan was for an MRI to evaluate for a meniscus tear and physical therapy twice a week for 4 weeks so he could continue uninterrupted. The request is for postoperative physical therapy 3 times a week for 4 weeks to the left knee. The rationale was not provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS TO THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for postoperative physical therapy 3 times a week for 4 weeks to the left knee is not medically necessary. The California MTUS/ACEOM Guidelines recommend for a chondromalacia of patella; tibialis tendonitis postsurgical physical therapy treatment: 12 visits over 12 weeks. The injured worker is post op right knee surgery. The injured worker had received 12 post op physical therapy sessions which is allowed through the Guidelines. The request exceeds the recommended Guidelines. The surgery was of the right knee and the request is for the left knee. There is no rationale for the therapy to the left knee. There is lack of documentation for medical necessity for physical therapy of the left knee. As such, the request is not medically necessary.