

<b>Case Number:</b>	CM14-0060533		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational Medicine 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 patient is a 60-year-old male who has submitted a claim for moderately extensive medial meniscus tear, right knee, secondary to injury while on work duty, status post right knee arthroscopy (01/07/2014); associated with an industrial injury date of 08/27/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of minimal right knee discomfort. He has been attending physical therapy but has not yet achieved full range of motion of the right knee and still has quadriceps weakness. Physical examination showed quadriceps weakness and slight effusion of the right knee. Range of motion of the knee is from 5 to 100 degrees. Treatment to date has included medications, physical therapy, and surgery as stated above. Utilization review, dated 04/24/2014, denied the request for additional physical therapy for the right knee because it was unclear whether the claimant has completed the approved sessions to warrant the request, and there was no comprehensive physical therapy progress report which outlines objective and functional gains submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for right knee QTY: 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Postsurgical Treatment Guidelines recommend 12 visits in 12 weeks over a 12 week period. In this case, patient underwent right knee arthroscopy on 01/07/2014. Despite 26 sessions of physical therapy to the right knee, he has yet to achieve full range of motion, and still has quadriceps weakness. However, there is no objective evidence of functional improvement from previous physical therapy. Moreover, there is no discussion regarding the need for supervised physical therapy, since the patient should be well versed in a home exercise program. Therefore, the request for ADDITIONAL PHYSICAL THERAPY FOR RIGHT KNEE QTY: 6 is not medically necessary.