

<b>Case Number:</b>	CM14-0210886		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 is a patient with a date of injury of June 30, 2014. A utilization review determination dated November 25, 2014 recommends modified certification of postoperative physical therapy. 12 sessions were requested and 6 sessions were recommended for certification. The report dated August 19, 2014 indicates that the patient has undergone 8 visits of physical therapy for the right knee. A physical therapy progress report dated August 13, 2014 indicates that after 8 visits, the patient's pain has improved from 5/10 to 4/10 and the range of motion has improved from 10-110 to 5-115. Additionally, knee extension strength has improved from 3+/5 to 4-/5. Treatment goals include normal range of motion, normal strength, reduced pain, and improve function and activities of daily living. A progress report dated September 24, 2014 indicates that the patient attended 7 to 8 sessions of physical therapy with no improvement and was referred for an orthopedic consultation. Subjective complaints include severe right knee pain with swelling and episodes of popping, locking, and giving way. Physical examination findings indicate that arthroscopic portals have healed satisfactorily with tenderness over the medial and lateral joint lines. Range of motion is slightly restricted with positive McMurray's test and anterior drawer test. Diagnoses include internal derangement of the right knee with a tear of the lateral meniscus, status post partial medial meniscectomy with residuals, and osteoarthritis of both knees. The treatment plan recommends further conservative treatment with a trial of corticosteroid injection, continued icing, and use of a knee brace. If he remains symptomatic he may need additional surgery. A progress report dated November 5, 2014 recommends arthroscopic surgery.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Postoperative physical therapy twice a week for six weeks for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10; 24.

**Decision rationale:** Regarding the request for physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no justification to begin with 12 therapy sessions. Guidelines recommend 6 postoperative therapy sessions to begin with and consideration for up to 12 sessions if there is documentation of objective functional improvement and ongoing treatment goals that cannot be addressed with an independent program of home exercise. As such, the current request for physical therapy is not medically necessary.