

<b>Case Number:</b>	CM14-0213318		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Orthopedic Surgery, Sports Medicine

### 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 44-year-old female with a reported date of injury of 01/30/2014. The mechanism of injury occurred when she was struck by a case of peaches. Her diagnoses were left patella, left tibial plateau fracture, left knee bucket handle lateral meniscus tear, and chondromalacia of the left patella. Past treatments included status post left knee arthroscopy with lateral meniscal tear debridement, chondroplasty of the lateral compartment on 07/17/2014. Diagnostic studies included an MRI of the left knee dated 2014. On 12/15/2014 the injured worker presented with complaints of continued left knee pain. The injured worker states she was performing her home exercise program. However, she still continues to feel weakness in the left knee especially when attempting to climb, or squat, which causes increased feelings of pain and instability. Upon physical examination of the left knee it was noted the injured worker was wearing a knee brace and there was mild anterior swelling present. There is mild anterior and medial tenderness to palpation across the joint line and mild lateral tenderness is present extending posteriorly. She had full range of motion of the knee but complained of increased pain. Sensation to light touch is intact over the left lower extremity. Motor strength is intact to all extremities with the left knee strength being limited by pain during flexion and extension. The injured worker has undergone 18 postop therapy visits. The treatment plan was to continue the physical therapy. The injured worker has had functional and symptom improvement as a result of the physical therapy. The request is for 6 more sessions of physical therapy and the rationale was for additional strengthening to improve the injured worker's postoperative left knee strength

and endurance Her current medications included naproxen and tramadol. The Request for Authorization form dated 11/11/2014 was included.

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

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

**6 post-operative physical therapy sessions to the left knee, 2 times a week for 3 weeks:**

Upheld

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

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

**Decision rationale:** The request for 6 post-operative physical therapy sessions to the left knee, 2 times a week for 3 weeks is not medically necessary. The injured worker is status post left knee arthroscopic lateral meniscus tear debridement and chondroplasty of the lateral compartment and followed by 18 postop therapy visits. According to the California MTUS Postsurgical Rehabilitation Guidelines state that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The guidelines recommend on postsurgical treatment up to 12 visits. The documentation submitted showed the injured worker has completed 18 sessions of physical therapy; however, there are not significant functional deficits. The requesting physician did not provide an assessment of the injured worker's condition prior to beginning physical therapy in order to determine whether the injured worker had significant objective functional improvements with the prior physical therapy. There was a lack of documentation included to indicate the efficacy of the prior therapy. The injured worker has completed 18 sessions of physical therapy postoperatively; therefore, the request for 6 additional sessions of physical therapy would exceed the guideline recommendations. There were no exceptional factors noted which would indicate the injured worker's need for physical therapy beyond the guideline recommendations. As such, the request is not medically necessary.