

<b>Case Number:</b>	CM14-0213688		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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

### 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 is a 48 year old male with a date of injury of 4/23/13. According to progress report dated 11/7/14, the patient is status post right knee arthroscopic chondroplasty patella on 9/15/14. The patient complains of increase in pain. Post-operative physical therapy has provided diminution of pain and improved tolerance to activity. The patient has completed 12 so far and the patient is inquiring about additional therapy. The patient is utilizing Tramadol 50mg for pain. Examination of the right knee revealed no infections; incision is healing well and no acute distress. Examination of the lumbar spine revealed limited range of motion with noted pain. The listed diagnoses are: 1. Status post right knee arthroscopy, 9/15/14 2. Protrusion L5-S1 with neural encroachment and radiculopathy. Treatment plan was for additional post-operative physical therapy for the right knee x 12, continue brace, TENS unit and medications. The patient is temporarily totally disabled for six weeks and was instructed to follow up in 6 weeks for re- evaluation. The Utilization review denied the request on 12/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, three times a week for four 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): 24, 25.

**Decision rationale:** This patient is status post right knee arthroscopic chondroplasty patella on 9/15/14. The current request is for additional physical therapy, three times a week for four weeks for the right knee. The MTUS post-surgical Guidelines, pages 24 and 25, recommends for Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5;717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks\*Postsurgical physical medicine treatment period: 4 months. This patient has participated in 12 post op physical therapy sessions. Physical therapy progress reports state that therapy "is helping a lot with stiffness." The patient is tolerating therapy well and recommendation is for continuation. In case, there is no discussion as to why the patient would not be able to transition into a self-directed home exercise program. In addition, the request for additional 12 sessions exceeds what is recommended by MTUS. This request is not medically necessary.