

<b>Case Number:</b>	CM14-0215744		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Preventive Medicine, Occupational 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 51 year old male who sustained an industrial related injury on 8/16/13. The injured worker had complaints of right knee pain. Physical examination findings included right knee mild diffuse swelling and decreased painful range of motion. Diagnoses included plantar fasciitis, right knee internal derangement, right knee medial meniscus tear, right knee pain, right knee sprain/strain, status post right knee surgery, and hypertension. The treating physician requested authorization for 8 physical therapy visits for the right knee. On 11/25/14 the request was modified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker underwent arthroscopic knee surgery on 8/26/14 and had not received physical therapy. The request was modified to certify a trial of 6 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee; 6 visits:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine section Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The injured worker is noted to be status post arthroscopic repair of medial meniscus tear on 8/26/14 without post-surgical physical therapy. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. Per the post-surgical treatment guidelines, 12 visits of physical therapy are recommended over 12 weeks. The injured worker is near the end of the postsurgical physical medicine treatment period at the time of the request, which is 4 months. This request is within the recommendations of the MTUS Guidelines, both the Chronic Pain Medical Treatment Guidelines and the Post-Surgical Treatment Guidelines. The request for physical therapy for the right knee; 6 visits is determined to be medically necessary.