

<b>Case Number:</b>	CM15-0011685		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 & Rehabilitation

### 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 58- year old male, who sustained an industrial injury on August 15, 2014. He has reported a back injury from a twisting fall while he was performing his job duties. The diagnoses have included lumbar region sprain, left hip and thigh sprain, left knee and leg sprain, multi-level lumbar disc protrusions with focal disc herniation at L2-L3. Left knee internal derangement with a focal posterior horn medial meniscus tear with symptomatic blocking and catching. Treatment to date has included pain medication, physical therapy with home exercise program, work restriction, a back brace and regular follow up. Currently, the IW complains of low back and left knee pain with the back pain being worse. The exam was remarkable for tenderness along the medial aspect of his left knee, medial meniscus and medial joint line. There worker also had tenderness bilaterally over the L3 through S1. Range of motion of the left knee was limited. The worker was off work due to no modified duty available. On January 5, 2015, the Utilization Review decision modified a request for post-operative physical therapy two times per week for six weeks, to an initial trial of six visits, noting that the guidelines recommend an initial physical therapy of six visits, then re-evaluate for response to therapy. The MTUS, Post-Operative Physical Therapy Guidelines was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of post-operative physical therapy two times per week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy two times a week for six weeks for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine: Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11, 24-25.

**Decision rationale:** Per the 12/19/14 report the patient presents with left knee internal derangement with associated locking and catching. The current request is for POST-OP PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LEFT KNEE per the 12/19/14 report. The RFA is not included. The patient is not working. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months. MTUS, Post-surgical treatment guidelines, page 11 states, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." MTUS page 10 states, "Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery." The 12/19/14 report states, "I am requesting authorization for video arthroscopy of his left knee, arthroscopic posterior horn medical meniscectomy and intraarticular shaving." In this case, it appears this is a prospective request for post-operative treatment. There is no documentation in the treatment reports provided for review that surgery has been completed, authorized or scheduled. Guidelines allow up to 12 sessions with one half of that number as an initial course of treatment with subsequent treatment subject to documented functional improvement. The 01/05/15 utilization review has modified this request for 12 visits to 6 visits 2 x 3 weeks. The request IS NOT medically necessary.