

<b>Case Number:</b>	CM15-0114025		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: 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 a 48 year old male, who sustained an industrial injury on May 17, 2012. He reported an injury to his right lower extremity and low back. Treatment to date has included physical therapy, right knee arthroscopic surgery, home exercise, medications and chiropractic therapy. Currently, the injured worker is status post arthroscopic surgery to the right knee and undergoing six sessions of post-operative physical therapy. He started physical therapy to maintain tone and strength. His swelling has improved and his range of motion is increasing. He is receiving instruction in a home exercise program. On physical examination the injured worker shows active right knee range of motion to 125 degrees. His right quad tone and bulk are fair with improved strength. His low back is slightly tender at the right of midline and he has a modestly restricted range of motion. The diagnoses associated with the request include right knee posterior cruciate ligament tear, status post failed PCL reconstruction attempt, low back pain with degenerative disc disease and spondylosis, neck pain and thoracic pain. The treatment plan includes additional sessions of post-operative physical therapy for the right knee, chiropractic therapy for back pain and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve post-operative physical therapy visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the Post-surgical treatment guidelines, dislocation of knee; tear of medial/lateral cartilage/meniscus of knee; and dislocation of patella rate physical therapy of 12 visits over 12 weeks. The post-surgical treatment period is 6 months. The injured worker has completed 6 sessions of physical therapy to date with documented functional gains. He remains within the 6 month post-surgical treatment period. The request for twelve post-operative physical therapy visits is determined to be medically necessary.