

<b>Case Number:</b>	CM15-0114645		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old female sustained an industrial injury on 4/8/14. She subsequently reported left knee pain. Diagnoses include internal derangement of left knee, left knee osteoarthritis and left knee chondromalacia. Treatments to date include x-ray and MRI testing, left knee surgery, physical therapy and prescription pain medications. The injured worker continues to experience left knee pain. Upon examination, tenderness to palpation over the medial and lateral joint lines. There was mild effusion noted. There was painful and limited range of motion of the left knee. A request for Retrospective DOS: 5/18/2015 Physical Therapy two times a week, for the left knee QTY 16 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 5/18/2015 Physical Therapy two times a week, for the left knee QTY**

**16: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury and April 2014 and continues to be treated for left knee pain. He underwent an arthroscopic meniscectomy and July 2014. Treatments have included more than 30 postoperative physical therapy sessions. When seen, he had ongoing weakness. There was stiffness and swelling and complaints of right knee and popping. Physical examination findings included crepitus and knee joint tenderness. Post surgical treatment after knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative physical therapy well in excess of the guidelines recommendation and the physical medicine treatment period has ended. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.