

<b>Case Number:</b>	CM15-0114696		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/21/2014
<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:

The injured worker is a 43 year old male patient who sustained an industrial injury on 04/21/2014. The initial report of illness dated 04/22/2014 reported the patient with subjective complaint of having had an industrial accident. He states having had slipped coming down from a ladder did no step down correctly and hyperextended his left knee. He developed pain in the left knee, swollen. He was diagnosed with knee contusion; strain/sprain knee medial collateral ligament. He was given a Toradol injection, to apply ice, Naprosyn, and Tramadol 50mg TID. He is to rest at home for 72 hours, returning to regular work duty on 04/23/2014. He saw his primary treating on 04/24/2014, which reported the patient with continued knee pain and difficulty bending and or walking on it. His gait is antalgic; crepitus and extension lag of about 10 degrees. The treating diagnoses remain unchanged. He is to remain off from work through 05/01/2014. He is put on disability for one week. A primary treating visit dated 06/09/2015 reported the patient still waiting on approval for both physical therapy session and injection administration. The treating diagnoses are: recurrent medial meniscus tear; status post left knee tear with repair on 09/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, 3 times wkly for 4 wks, 12 sessions: 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 Page(s): 24.

**Decision rationale:** The claimant sustained a work injury in April 2014 and underwent a left knee meniscectomy in September 2014. He had postoperative physical therapy with completion of 20 treatment sessions through December 2014. When seen, there was decreased range of motion and anteromedial tenderness. There was a slight limp and he had difficulty with squatting. Celebrex was prescribed. An intra-articular injection was performed. Recommendations were for him to perform an independent home exercise program on a daily basis. Additionally, he was referred for 12 sessions of physical therapy. 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. In this case, the claimant has already had post-operative physical therapy in excess of that recommended and the post-operative period has been exceeded. There is reference to continuing an independent home exercise program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The number of visits requested is well in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.