

<b>Case Number:</b>	CM15-0116285		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 37 year old male, who sustained an industrial injury on 4/30/14. He reported initial complaints of right knee and low back injury. The injured worker was diagnosed as having sprains/strains unspecified site of knee and leg; thoracic or lumbosacral neuritis or radiculitis; other unspecified derangement of the medial meniscus. Treatment to date has included psychiatric counseling; status post right knee arthroscopy with partial menisectomy (3/6/15); physical therapy (x6 post operatively); medications. Currently, the PR-2 notes dated 5/7/15 indicated the injured worker returns to this office after a recent right knee surgery on 3.6/15. The injured worker is reportedly doing relatively well. He has had 6 sessions of physical therapy which is reported to have helped to reduce his intake of medications. However, the provider notes, he is still weak and does have residual pain and stiffness. The provider notes that the injured worker is now complaining of left-sided knee pain which is most likely due to over compensation from the altered gait mechanism. The provider is recommending the injured worker stay off work and finish another 15 sessions of physical therapy. He will refill his medications at the lowest dosage for as-needed basis. The injured worker is noted to have a history of elevated liver tests. The provider is requesting authorization of additional physical therapy (3x5) for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3x5 for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. The patient is *s/p* arthroscopic partial meniscectomy on 3/6/15 with 6 post-op PT visits. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient is without documented post-operative complications, or comorbidities to allow for additional physical therapy of 15 sessions beyond the 12 visits recommended. Current request of 15 sessions was modified for an additional 6 visits and the patient should be transitioned to an independent home exercise program. The Additional physical therapy 3x5 for the right knee is not medically necessary and appropriate.