

<b>Case Number:</b>	CM15-0116320		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 49-year-old female, who sustained an industrial injury on 9/03/2014. She reported acute right knee pain and swelling after squatting down. Diagnoses include right knee sprain and meniscus tear; status post right knee arthroscopy on 1/22/15. Treatments to date include activity modification, home exercise, heat treatment and completed sixteen (16) post-operative physical therapy sessions. Currently, she complained of swelling to the anteromedial aspect of the knee and pain in that area, however, noted improvement over all. On 5/13/15, the physical examination documented swelling and tenderness to the anteromedial aspect and pes anserinus. Range of motion was noted to be 0-115 degrees. The plan of care included eight physical therapy sessions, twice a week for four weeks to treat the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 visits for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25.

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

**Decision rationale:** The claimant sustains a work injury in September 2014 and underwent an arthroscopic meniscectomy in January 2015. She continued to be treated for right knee pain. After surgery, she had 16 postoperative therapy sessions. When seen, she was having medial knee pain. Pain was rated at 6-10/10. She had an antalgic gait and was using a cane and a knee support. There was medial joint line, collateral ligament, and pes anserine bursa tenderness of the right knee and medial joint line and pes anserine bursa tenderness with positive McMurray's testing and patellofemoral crepitus on the left. There was decreased bilateral knee strength. Authorization for an additional eight physical therapy treatment sessions was requested. 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. The number of visits requested is in excess of what might be expected to revise the claimant's home exercise program which might include the use of home applied modalities such as ice and TheraBands for strengthening. Providing this number of additional skilled physical therapy sessions would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary. Preface, Physical Therapy Guidelines.