

<b>Case Number:</b>	CM15-0116598		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/11/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/14/2015
<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: Texas, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of October 11, 2014. In a Utilization Review report dated May 14, 2015, the claims administrator partially approved request for eight sessions of physical therapy as four sessions of the same. The claims administrator referenced progress notes of April 2, 2015 and April 23, 2015 in its determination. The MTUS Postsurgical Treatment Guidelines were apparently invoked. It was stated that the applicant had undergone earlier knee surgery on March 16, 2015 and had reportedly had eight sessions of physical therapy through the date of the request. The applicant's attorney subsequently appealed. On March 16, 2015, the applicant underwent a left knee partial medial and lateral meniscotomy procedure along with a right knee partial medial meniscectomy procedure. On April 23, 2015, the applicant reported ongoing complaints of knee discomfort. The applicant exhibited a visible limp. Cane and continued physical therapy were endorsed, while the applicant was kept off work, on total temporary disability. In an earlier note dated February 22, 2015, it was acknowledged that the applicant had bilateral knee pain complaints. On January 15, 2015, the treating provider stated that the applicant had bilateral knee pain complaints and had issues with right knee arthritis superimposed on issues with left knee internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the bilateral knees, once a week for four weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postsurgical Treatment Guidelines. (c) Postsurgical Patient Management (2) Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks.

**Decision rationale:** Yes, the request for four additional sessions of physical therapy of bilateral knees was medically necessary, medically appropriate, and indicated here. The Postsurgical Treatment Guidelines in MTUS 9792.24.3 support a general course of 12 sessions of physical therapy following a knee meniscectomy surgery, as apparently transpired here on March 16, 2015. Here, the applicant was described as having received eight sessions of physical therapy through the date of the request, April 23, 2015. The applicant had undergone bilateral knee surgeries to include an arthroscopic right knee partial medial meniscectomy and left knee partial medial and lateral meniscectomy procedures on March 16, 2015. The fact that the surgeries involving both knees were performed does compel the request for additional treatment which, as written, was in-line with MTUS parameters. MTUS 9792.24.3.c.2 notes that medical necessity for Postsurgical Physical Medicine for any given applicant is contingent on applicant-specific factor such as comorbidities, nature, number, complexity of surgical procedure undertaken, presence of surgical complications, etc. Here, the applicant underwent left and right knee surgeries. The applicant's issue, thus, by definition, was more complex than typical. The applicant had issues with knee arthritis superimposed on issues with bilateral meniscal derangement. Additional treatment on the order that proposed was thus, indicated, as the applicant did appear to have significant and residual impairment present on or around the date of the request, April 23, 2015. Therefore, the request was medically necessary.