

<b>Case Number:</b>	CM15-0117520		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 58 year old female who sustained an industrial injury on 09/19/2014. Mechanism of injury was not documented. Diagnoses include tear of medial cartilage or meniscus of the knee; status post left knee arthroscopy, partial medial meniscectomy, debridement/chondroplasty central trochlea with anterior compartment synovectomy/debridement on 03/27/2015. Treatment to date has included diagnostic studies, surgery, medications, Kenalog injections, ice, and 24 physical therapy sessions. A physician progress note dated 05/21/2015 documents the injured worker is still experiencing achiness and pain especially with squatting or direct pressure on the kneecap. He is also having some swelling with prolonged weight bearing activities. The physician feels 12 more sessions of physical therapy is warranted. He is taking Motrin with some mild mitigating effects. On examination there is trace effusion, positive patellofemoral crepitation, positive grind test, and pain with a deep squat. The treatment plan includes a stimulation unit and a web reaction brace, along with continuation of the use of rest, ice, anti-inflammatories and analgesics. Treatment requested is for physical therapy 2 x 6 for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for the left knee:** Upheld

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

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

**Decision rationale:** Physical therapy 2 x 6 for the left knee is not medically necessary per the MTUS Post Surgical Guidelines. The MTUS recommends up to 12 visits for this patient's condition. The documentation indicates that the patient has had extensive prior post op PT (24 visits). The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.