

<b>Case Number:</b>	CM15-0117547		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/21/2015
<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 male with an industrial injury dated 06/26/2013. The injury is documented as occurring while climbing a ladder getting his knee caught and twisted. His diagnosis was patellar tendinitis. Prior treatment included right knee arthroscopy with meniscectomy, physical therapy, home exercise program and medications. He presents on 04/30/2015 for evaluation of his left knee. He presents with difficulty extending his knee. Physical examination noted tenderness to palpation of the left knee. Patello femoral compression test, patellar apprehension, McMurray and Apley's test were normal. Treatment plan included 12 further physical therapy sessions to work on range of motion and strengthening exercises. The injured worker is on work restrictions of seated work only and minimal squatting or kneeling. The request is for additional post-op physical therapy for the left knee, quantity of 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Op Physical Therapy for the left knee Qty: 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Additional Post-Op Physical Therapy for the left knee Qty: 12 is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 12 visits for this patient's surgery. The documentation indicates that the patient has had at least 13 session of PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate and additional 12 supervised therapy visits. The patient should be well versed in a home exercise program which the MTUS supports following a supervised therapy session. For these reasons the request for additional post op therapy for the left knee is not medically necessary.