

<b>Case Number:</b>	CM15-0120605		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Pennsylvania, Ohio, 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 38 year old male, who sustained an industrial injury on February 23, 2011. He reported an injury to his right knee. Treatment to date has included MRI of the right knee, arthroscopic partial medial meniscectomy and chondroplasty of the medial femoral condyle of the right knee, post-operative physical therapy, home exercise program education and assistive devices. Currently, the injured worker complains of continued right knee pain. The evaluating physician noted that the injured worker had significant medial compartment arthritis at the time of his right knee surgery and that his condition would not allow him to return to his previous occupation. The submitted documentation included eight physical therapy progress notes from March 26, 2015 through April 23, 2015. On April 23, 2015 the physical therapist notes that the injured worker ambulates with an antalgic gait and lacks full knee extension. His gait abnormalities were attributed to surgical pain. He had swelling over the entire quadriceps superior to the patella and had a limited range of motion. The injured worker reported complaints of his knee locking and recent changes in swelling. The physical therapist notes that his gait pattern has improved and he has been able to tolerate a progression of exercises. The diagnoses associated with the request include status post meniscectomy, debridement and chondroplasty of the right knee. The treatment plan includes additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four sessions of post-operative physical therapy for the right knee:** Upheld

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

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.