

<b>Case Number:</b>	CM15-0124376		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 60-year-old male with an industrial injury dated 07/13/2011. The injured worker's diagnoses include status post bilateral knee arthroscopy. Treatment consisted of Magnetic Resonance Imaging (MRI) of the left knee/right knee/ lumbar spine, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 02/11/2015, the injured worker presented three months status post right knee arthroscopy. Documentation noted that the injured worker reported improvement and that he completed physical therapy. Physical exam revealed tenderness to palpitation, positive Apley's sign of the left knee and healed right knee wounds. In the most recent progress note dated 06/03/2015, the injured worker presented status post left knee arthroscopy. Objective findings revealed clean, dry and intact left knee wounds with no erythema. Treatment plan consisted of medication management and postoperative physical therapy. The treating physician prescribed services for physical therapy 2x8 for the right knee now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x8 for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The claimant sustained a work injury in July 2011 and continues to be treated for knee pain. He underwent a right arthroscopic partial meniscectomy in November 2014 with 16 postoperative physical therapy treatments. When seen, he was three months status post surgery. He had completed physical therapy. He had left knee tenderness. There was normal strength and sensation. Left knee arthroscopy was planned. Postoperative physical therapy was requested. However, the request appears to have been submitted for the right knee. Post surgical treatment after the knee arthroscopy performed or that being planned includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of post-operative therapy visits is in excess of the guideline recommendation and not medically necessary.