

<b>Case Number:</b>	CM15-0126240		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: California

Certification(s)/Specialty: Internal 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 51 year old female who sustained a work related injury January 28, 2013. Past history included right knee arthroscopy, synovectomy with debridement including partial tear, partial lateral meniscectomy, chondroplasty of the trochlea medial femoral condyle and lateral tibial plateau 2/11/2015. According to a primary treating physician's progress report, dated June 11, 2015, the injured worker presented with complaints of right knee pain and locking. She is currently working with physical therapy. She reports low back pain which has gotten worse. There is tenderness to palpation at the lumbar sacral junction moving stiffly. There is some spasm right and left sacroiliac joint, and pain with range of motion of the right hip. Range of motion of the right knee 0-100 degrees with pain patellofemoral joint, incision well healed, tenderness about the knee medially and laterally with crepitus. The left knee range of motion is 0-120 degrees with tenderness to palpation over the lateral knee and patellofemoral joint, equivocal McMurray's, and positive crepitus. X-ray of the right knee 5/29/2015 s/p surgery reveals mild to moderate degenerative joint disease medial and lateral compartments. X-ray of the lumbar spine 5/29/2015, reveals L5-S1 7 mm anterolisthesis with pars defect. Diagnoses are sprain, thoracic/lumbar region; joint pain left leg; tear medial meniscus; sprain right cruciate ligament knee; right leg osteoarthritis. At issue, is the request for additional post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional Postoperative Physical Therapy sessions three times weekly for four weeks to the right knee: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Leg Chapter Physical Therapy.

**Decision rationale:** Based on ODG guidelines, physical therapy is recommended for sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear). Duration of physical therapy include: Medical treatment: 12 visits over 8 weeks. Post-surgical (ACL repair): 24 visits over 16 weeks. In this case, the patient is status post ACL repair and has had 12 visits of physical therapy already. Based on a note dated 4/30/15, the patient continues to have right knee pain and clicking as well as locking up. Therefore, based on ODG guidelines and the evidence in this case, the request for 12 additional postoperative physical therapy sessions three times weekly for 4 weeks to the right knee is medically necessary.