

<b>Case Number:</b>	CM15-0128252		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on February 8, 2014. She has reported low back pain, left shoulder pain, left knee pain, and left ankle pain and has been diagnosed with sprain and strain of the lumbar spine, medial and lateral meniscus tear, status post-surgery left knee, and sprain strain secondary to gait change left ankle. Treatment has included medications, surgery, chiropractic care, and physical therapy. Palpation revealed tenderness over the left para lumbar musculature with associated spasm. Active range of motion was full. Supine and seated leg raising was negative. There was tenderness over the medial joint line of the left knee. McMurray's test was positive for medial meniscus abnormality. There was mild tenderness to palpation over the anterior talofibular ligament. Active range of motion was full. MRI of the left knee dated June 17, 2014 revealed thinned cartilage of the medial femoral condyle and medial tibial plateau which causes narrowing of the joint space, marginal osteophyte of the medial tibial plateau, medial meniscus oblique tear involving the posterior horn, lateral meniscus horizontal tear involving the posterior horn, lateral collateral ligament complex sprain versus partial tear, and knee joint effusion. The treatment request included physical therapy of the left knee. She has completed 22 sessions of physical therapy s/p chondroplasty and meniscal debridement of 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 3 x 4, 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, 25.

**Decision rationale:** MTUS Guidelines recommend a maximum of up to 24 sessions for a complete knee arthroplasty. For meniscal repairs the Guidelines recommend up to 12 sessions as adequate. This individual's surgery falls somewhere between these 2 procedures as the extent of the procedure is not well described in the Post Surgical Guidelines. This individual has completed 22 sessions of post operative physical therapy and the request for an additional 12 sessions far exceeds what is recommended for a major knee procedure. There are no apparent reasons why she could not be in an independent rehabilitation program by this point in time. The request for additional Physical therapy 3 x 4, left knee is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The request for this amount of additional physical therapy is not medically necessary.