

<b>Case Number:</b>	CM15-0177089		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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:

This is a 47 year old female with a date of injury of October 18, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculopathy, and bilateral knee meniscal tear. Medical records dated June 24, 2015 indicate that the injured worker complains of occasional slight pain without locking or catching. Records also indicate that the injured worker had completed the postoperative physical therapy and was learning self-directed exercises. A progress note dated July 15, 2015 notes subjective complaints of minimal pain in the bilateral knees. Records also state that the injured worker was to complete postoperative physical therapy on July 15, 2015. The physical exam dated June 24, 2015 reveals a symmetrical gait, no deformity, spasm, mal-alignment or swelling of the bilateral knees, slightly decreased range of motion of the bilateral knees, and mild medial and lateral patella facet tenderness of the bilateral knees. The progress note dated July 15, 2015 documented a physical examination that showed a gait within normal limits and that the injured worker was able to move about without difficulty. Treatment has included left knee arthroscopy with partial lateral meniscectomy (February 3, 2015), physical therapy for the left knee since February of 2015, and medications (Ibuprofen and Prilosec since at least March of 2015). The original utilization review (August 3, 2015) non-certified a request for physical therapy once a week for one week and home exercise program for the bilateral knees and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy once a week for one week, home exercise program (HEP) for bilateral knees and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The claimant sustained a work injury in October 2013 and underwent an arthroscopic left knee meniscectomy with extensive synovectomy and chondroplasty and 02/03/15. From 03/24/15 through 06/13/15, 13 postoperative therapy sessions are documented. When seen, she was completing her therapy. She had very good results. She was having minimal pain, which was tolerable. She wanted to postpone planned sacroiliac joint and epidural steroid injections. Physical examination findings included difficulty rising from a recumbent. Authorization was requested for a final physical therapy session for a home exercise program. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. There was no new injury to the back. In this case, the claimant had already completed the number of recommended treatments, which would have included instruction in a home exercise program. The therapeutic content that had been provided as well as the claimant's understanding of her home exercise program were not reviewed. The request is not medically necessary.