

<b>Case Number:</b>	CM15-0068186		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: 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 54-year-old female, who sustained an industrial injury on 4/2/15. The injured worker has complaints of left knee pain. The diagnoses have included status post left knee arthroscopy and atrophy of left lower extremity. Treatment to date has included left knee surgery on 11/11/14; left knee X-ray; physical therapy; knee brace and magnetic resonance imaging (MRI) of the left knee. The request was for 12 physical therapy for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy for the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee, pages 14-15.

**Decision rationale:** The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient

had left knee partial medial meniscectomy arthroscopy on 11/11/14 and is now over 6 months without documented functional limitations, post-operative complications, or co-morbidities to allow for additional physical therapy. Report of 2/16/15 from the provider noted patient with good knee range, able to fully extend having only completed 8 of the 12 authorized visits. There is report of further limitation and the patient should transition to an independent home exercise program. The 12 physical therapy for the left knee is not medically necessary and appropriate.