

<b>Case Number:</b>	CM15-0073579		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 52 year old female, who sustained an industrial injury on June 9, 2014. She reported a right knee injury. The injured worker was diagnosed as having status post right knee arthroscopy with meniscal tear. Diagnostics to date has included MRI and ultrasound. Treatment to date has included work modifications, physical therapy, ice, bracing, and non-steroidal anti-inflammatory medication. On March 4, 2015, the treating physician noted the injured worker was status post right knee arthroscopy on January 22, 2015. The physical exam revealed a right antalgic gait, well-healing incision sites of the right knee without infection, mild edema, intact neurovascular, and equal and symmetric reflexes. The treatment plan includes an additional post-op physical therapy for the right knee twice a week for 6 weeks for quad strengthening and stretching.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy 2 times a week for 6 weeks for the right knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23-24.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in June 2014 and underwent an arthroscopic meniscectomy on 01/22/15. She had postoperative physical therapy and as of 03/04/15 had completed nine treatment sessions. When seen, she was ambulating with an antalgic gait. There was minimal edema. Authorization for an additional 12 physical therapy sessions was requested. Post surgical treatment after knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative physical therapy and the number of additional therapy sessions being requested is in excess of the guideline recommendation. The request is therefore not medically necessary.