

<b>Case Number:</b>	CM14-0034105		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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, 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 29 year old female with an industrial injury dated 08-21-2013. The injured worker's diagnoses include right knee sprain, right knee contusion, and partial tear of anterior cruciate ligament (ACL), sprain medial collateral ligament (MCL) and lateral meniscus tear. Treatment consisted of diagnostic studies, prescribed medications, right knee arthroscopy on 12-27-2013, physical therapy and periodic follow up visits. In a progress note dated 02-10-2014, the injured worker reported right knee pain. Objective findings revealed tenderness at the patella tendon and decrease flexion of the right knee. The treating physician impression was right knee tendinitis. The treatment plan consisted of therapy, medication management, and follow up visit. The treating physician prescribed services for six additional post-operative physical therapy sessions for the right knee, 3 times per week for 2 weeks, now under review. A progress report dated March 3, 2014 identifies ongoing subjective complaints indicating continued pain in the right knee. The patient has been doing exercises occasionally and not going to therapy. Physical examination findings reveal slightly limited right knee flexion. Diagnoses include right knee patellar tendinitis. The treatment plan states that the patient is able to work with restrictions and reconstructed on rehabilitation exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional Post Operative physical Therapy for the Right Knee, 3 times per week for 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 2, Summary of Recommendations, Knee Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, Postsurgical Treatment Guidelines Page(s): 10, 24-25. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Notes indicate that the patient has minimal deficits and has not been doing her exercises regularly. It seems reasonable to encourage the patient to do the exercises regularly and possibly modify the exercise program, to see if the remaining deficient range of motion can be addressed. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.