

<b>Case Number:</b>	CM13-0012087		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	10/26/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old male who sustained a work related injury on 10/26/2009 as result of falling through an attic while putting in computer wiring. He landed onto concrete flooring, compound fracturing his left leg. Since his injury, he has had an issue with left knee and ankle pain ever since. He has apparent knee decreased range of motion with palpable medial and lateral joint line tenderness. An MRI dated December 20, 2012 documents an oblique tear of the posterior horn of the medial meniscal tear of the left knee. He underwent a left knee arthroscopy on February 12, 2013 with the finding of Grade 3 patellar and femoral condyle chondromalacia, a small tear of the posterior and minor tearing of the anterior horn of the lateral meniscus with loose bodies and reactive synovitis throughout. His PR-2 dated February 21, 2013 for a post-operative evaluation documents request for physical therapy. Three to four months following his surgery, the patient complained of left knee pain again that was sharp in character, stiffness and locking with noted limping, medial joint line tenderness. The patient underwent a four shot series of Hyalgan following the request for additional physical therapy that has helped and that he has been able to perform his home exercise program. A left knee MRI dated 2/7/2014 identifies a small to moderate sized knee effusion with severe atrophic changes of the medial and lateral heads of the gastrocnemius muscle with fatty replacement. In dispute is decision regarding request for 12 physical therapy sessions 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 SESSIONS FOR THE LEFT KNEE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical medicine treatment.

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Afterward, and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. If for meniscal repair: According to the ODG guidelines, post-surgical physical therapy following derangement of meniscus is 12 visits over 12 weeks with the Chronic Pain Medical treatment guidelines providing for 6 months post-surgical physical medicine treatment period. The patient has had the benefit of physical therapy within the specified time frame for post-operative care following his surgical procedure in February of 2013. Per his monthly PR-2's documenting care, he has had a good response from the Hyalgan injections. The ODG guidelines provide general support for use of physical therapy outside of context of post-surgical care. The requested physical therapy is medically necessary.