

<b>Case Number:</b>	CM13-0012904		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/28/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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:

The patient is a 56year old man with a medical history of diabetes mellitus who sustained a work-related injury on 7/28/12. The injury is described as a twisting injury of the left knee while working under a truck. The patient had an MRI of the left knee on 10/24/12 that was showed an old appearing tear of the ACL, arthrosis with articular cartilage loss, high grade radial tear of the medical meniscus with associated meniscal extrusion and a complex tear of the lateral meniscus. He underwent arthroscopic surgery on 2/14/13 with a partial medial and lateral meniscectomy, loose body removal, chondroplasty and synovectomy. He had 13 post-surgical physical therapy sessions and multiple orthovisc injections for continued pain. Multiple medical records were reviewed including physician progress notes dated 6/26/13, 7/31/13, 8/28/13, 9/25/13 and 10/9/13, PT note dated 5/21/13 and UR denial. On 6/26/13 the patient complained of left knee pain with difficulty walking and standing with weakness with walking up and down stairs. Physical exam showed an antalgic gait without a knee effusion with tenderness to palpation, full flexion and extension of the knee with mild weakness. [REDACTED] ordered physical therapy sessions 2 times/week for 4weeks (8 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to the left knee for 8 sessions, 2 x week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** According to MTUS postsurgical treatment guidelines for the knee there is controversy regarding the effectiveness of therapy after arthroscopic partial meniscectomy. For surgeries including derangement of the meniscus and loose body in knee postsurgical treatment of 12 physical therapy visits over 12 weeks is recommended. Post surgical physical medicine treatment period: 4 months. The patient has had ongoing pain in the left knee. His surgery was greater than 4 months from the order of the additional 8 sessions of PT. According to the MTUS, section on Chronic Pain, Physical Medicine pages 98 and 99, with regards to Physical Therapy it is appropriate to allow for a tapering treatment frequency that includes active self-directed home physical medicine and a home exercise program. The additional 8 physical therapy sessions are not medically necessary.