

<b>Case Number:</b>	CM13-0025062		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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.

### 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 65 year old male who had an injury on 09/11/09 when the patient was driving his electric work cart and slipped off the brake and onto the gas. He then pinned his left leg in between a pole and the cart, resulting in pain, and he was not able to put weight on his leg for several days. MRI of his knee revealed left knee degenerative medial meniscus tear and degenerative patellofemoral arthritis. This is also the knee that had been operated on previously with a left knee arthroscopy in 2004. On 10/28/10 he had surgery on his knee after failing conservative management. Postop DX: 1. Left knee degenerative medial meniscus tear. 2. Grade II chondromalacia of medial femoral condyle. Grade II chondromalacia patella 3. Prominent medial plica. Procedure: 1. Left knee arthroscopy, partial medial meniscectomy. 2. Chondral debridement, medial femoral condyle and patella. 3. Resection of medial plica. He was made permanent and stationary on April 11, 2011. He notes his left knee has been increasingly bothering him recently. Also, because he is going to be moving out of state to [REDACTED], [REDACTED], he wanted to get his knee checked out. He states that that it has been sore and painful. PHYSICAL EXAMINATION on September 4, 2013 indicates: On his left knee, he has no effusion. His range of motion is 0 to 135 degrees. Really no pain in the medial and lateral joint line or medial and lateral femoral condyles. He does have pain in the medial and lateral trochlea and medial and lateral patellar facets, more medial than lateral. Negative ligamentous exam. Negative Lachman. Negative anterior and posterior drawer. No varus/valgus instability. Negative McMurray. He has difficulty with 6-inch step up. X-RAY EXAMINATION Three views of the knee are taken and really show minimal to no arthritic changes. He has maybe 4 mm of joint space in the medial compartment of the left knee as opposed to 5 on the right. PT was recommended 2-3 x per week for 4 weeks to work on some quad

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy #12, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Prefacet to Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1, 8 and 99.

**Decision rationale:** Physical Therapy 3x 4 Left knee is not medically necessary as written. It is reasonable for the patient to have physical therapy for his knee pain exacerbation, however the MTUS guidelines recommend up to 10 visits for Myalgia and myositis, unspecified or neuralgia, neuritis, and radiculitis, unspecified. Additionally patient has completed 8 visits with no evidence of functional improvement per documentation submitted. Therefore the request for the physical therapy 3 x 4, on Left knee is not medically necessary and appropriate.