

<b>Case Number:</b>	CM13-0037924		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/18/2006
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 New York. 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 56-year-old male who sustained an injury to his lower back, hip and knee while pulling a heavy door on 11/18/2006. In 2009 he had 8 physical therapy sessions for his left knee. On 09/28/2012 a magnetic resonance imaging (MRI) of his left knee revealed a complex tear of his medial meniscus. He had physical therapy to the knee. On 2/06/2013 a left knee meniscectomy with chondroplasty was denied as not being medically necessary. In a previous review it was stated that on 03/15/2013 a left knee arthroplasty was approved; however, there is no documentation of any knee surgery and a month earlier a request for knee surgery was denied. On 04/11/2013 a left knee a steroid injection and further physical therapy was approved. On 10/04/2013 the left knee had full range of motion with no instability. It was noted that he had chondromalacia with patellofemoral arthritis with meniscal tear. Othovisc injection were requested. Physical therapy was not helpful. A knee sleeve was helpful. He started another course of left knee physical therapy on 11/01/2013 twice a week for 6 weeks, 12 sessions. The patient had a pain management office visit on 12/13/2013 which indicated that the patient had recent physical therapy then he stopped because his mother was ill. Motor strength of the lower extremities (bilateral) was 5/5. Reflexes and sensation of the lower extremities were normal. Lumbar flexion was decreased 30%. On 12/13/2013 the treating physician noted that physical therapy would be deferred until January 2014 since the patient would be out of town. The diagnoses were noted as chondromalacia patella, derangement of meniscus and hip enthesopathy. Examination of the right knee that day was full extension to flexion of 145 degrees. The same on the left knee. Both knees were stable to varus and valgus stress maneuvers. The right knee had negative Lachman and McMurray. Pivot shift was negative. There was no instability. On the left knee both the Lachman and McMurray we

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 6 for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chondromalacia

**Decision rationale:** MTUS guidelines indicate that for physical therapy patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG guidelines indicate that a maximum of 9 visits over an 8 weeks period for medical treatment and for post surgery treatment. In this case, the medical records submitted for review indicate that the patient has had over 20 sessions of left knee physical therapy, most recently 12 sessions. Thus, he has already been provided more sessions of left knee physical therapy than guidelines recommend. Therefore, additional physical therapy for the left knee is not medically necessary. The request for physical therapy x 6 for the left knee is not medically necessary and appropriate.