

<b>Case Number:</b>	CM13-0041441		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Occupational 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. 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior knee arthroscopy and partial medial meniscectomy surgery on May 8, 2013; Synvisc injection; and 18 sessions of postoperative therapy in July and July 2013. In a utilization review report of October 4, 2013, the claims administrator denied a request for six additional sessions of physical therapy, citing the MTUS postoperative guidelines in section 9792.24.3, although the applicant was outside of the postsurgical physical medicine treatment window. The applicant subsequently appealed. In a clinical progress note of September 9, 2013, the applicant was described as having persistent knee pain. The applicant underwent an Orthovisc injection. Additional physical therapy was sought. On September 20, 2013, the applicant again underwent another Synvisc injection, was asked to pursue an additional six sessions of physical therapy. The applicant had issues with healed Osgood-Schlatter syndrome, it was further noted. The applicant was returned to modified duty work and asked to employ an Ace wrap. Work restrictions were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 weeks 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 Page(s): 99.

**Decision rationale:** As of the date of the utilization review report of October 4, 2013 and as of the date of the clinical progress note of September 20, 2013, the applicant was outside of the postsurgical physical medicine treatment window established in MTUS 9792.24.3 following knee meniscectomy surgery. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts and further emphasizes the importance of active therapy, active modalities, home exercises, and tapering or fading the frequency of treatment over time. In this case, the applicant did exhibit a favorable response to prior physical therapy treatment. He did return to work. Nevertheless, the applicant's case and care were apparently hampered by comorbid arthritis and Osgood-Schlatter syndrome. Additional physical therapy was therefore indicated and appropriate in the face of the applicant's persistent symptoms, residual deficits, and comorbidities. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.