

Case Number:	CM13-0047630		
Date Assigned:	05/09/2014	Date of Injury:	10/14/2010
Decision Date:	06/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation 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 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:

The patient is a 49 year old male who was injured on 10/14/2010 due to a fall. Prior treatment history has included the patient having had two knee surgeries as reported on a medical report dated 03/11/2013. On 02/08/2011 arthroscopic partial lateral meniscectomy and removal of loose bodies. On 01/24/2012 arthroscopic lateral meniscus repair and trochlear chondroplasty. Diagnostic studies reviewed include MRI of the left knee on 08/22/2013 which showed small appearance to the anterior horn of the lateral meniscus likely related to patient's previous surgery. There was intrameniscal signal with posterior horn of the lateral meniscus extending to the inferior articular surface. There was a new peripheral displacement involving a portion of the body of the lateral meniscus. There was moderate to marked lateral compartment joint space narrowing with small lateral compartment osteophytes. There were persistent degenerative changes involving the patellofemoral joint. There was a small joint effusion along with a new subcortical cyst seen within the tibial spine. Right knee MRI done 08/22/2013 showed meniscus tear identifies involving the posterior horn of the medial meniscus extending to both superior and inferior articular surfaces associated with peripheral displacement of the body of the medial meniscus. There was thinning of the articular cartilage of the medial compartment of the knee with moderate to marked medial compartment joint space narrowing. There were degenerative changes seen involving the articular cartilage at the patellofemoral joint with mild to moderate joint space narrowing. There was a small joint effusion. There was edema seen within the anterior subcutaneous fat of the knee. Progress note dated 10/16/2013 documented the knee remained unstable. He stated that the knee gave out and he fell twisting his right knee with immediate pain and swelling. The patient complains of pain in both lower extremities. The pain radiates from his buttocks down to his legs. He notes numbness and tingling in his right leg. He is taking ibuprofen, Norco and is using Flector patch as well as Flexeril. He has had 16 sessions

of physical therapy, which has not been helpful. Objective findings on examination of the right knee reveal he has suprapatellar swelling on the right. Palpation reveals tenderness mainly over his medial joint lines. He has scattered tenderness in his thighs. Motor shows possible weakness in the right peroneal nerve distribution. Today there was no loss of sensation. Atrophy is present on the right. The patient's gait is antalgic. Impression: 1. Bilateral knee pain, status post meniscal tear with repair x2 on left 2. Rule out right peroneal nerve palsy possibly contributing to some instability in the right knee. 3. Narcotic use. Plan: He is to continue on Flexeril, Lidoderm 5% patch, Flector patch, ibuprofen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 8 WEEKS TO RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

Decision rationale: As per CA MTUS guidelines, physical medicine is "based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." As per (ODG) Official Disability Guidelines, Physical therapy (PT) allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The medical records dated 10/16/2013 document that the patient has completed 16 sessions of physical therapy, which has not been helpful. Moreover, the patient did not undergo right knee surgery, and the medical recommendation for the non-surgical conditions of the knee is 9 visits of PT over 8 weeks according to the guidelines. Accordingly, the requested Physical therapy 2 times a week for 8 weeks exceeds the guidelines recommendation, and therefore it is not medically necessary.