

<b>Case Number:</b>	CM13-0051204		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 has a subspecialty in Nuromuscular Medicine and is licensed to practice in Georgia. 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 44 year old male with a work related injury to his right knee. He is status post arthroscopic surgery, right knee, entailing partial posterior horn medial meniscectomy with chondroplasty of the medial femoral condyle and medial facet of patella. . There is a request for postoperative physical therapy once a week for three weeks to the right knee. There is a 12/13/13 PR-4 note from the orthopedic surgeon that states that the patient is now eight months status post undergoing an arthroscopy surgery on his right knee. The patient states he is doing well and is experiencing minimal knee discomfort. The patient states that he has slight right knee discomfort with activities. He states that he does not feel he has any residual weakness in his right knee. The patient's gait pattern is normal, with full weight bearing on the right lower extremity. There is no post arthroscopic surgery swelling. Palpation over the medial joint space has slight discomfort. The patient is known to have an arthritic condition medially. There is no lateral joint line tenderness. McMurray's test is negative. Knee motion is unrestricted from full extension to 135° of flexion, with some crepitus in the patellofemoral joint. The patella tracks normally. The cruciate function of the knee is intact, with a negative drawer sign and a negative Lachman's test. Gross stability of the knee is satisfactory at full extension and 30° of flexion to varus and valgus stress testing. Quadriceps are now essentially equal in both knees, at 16%". The patient has reached maximum medical improvement and is permanent and stationary. The patient may return to his regular work duties without restrictions. A 10/9/13 orthopedic office visit states that the patient's gait is returning to normal, with full weight bearing on the right lower extremity. There is still atrophy of the quadriceps, but this is moderating. Knee motion is unrestricted. The patient is to have the additional four to six therapy treatments and will then be re-evaluated for resumption of his regular work duties. A 7/9/13 orthopedic office visit states that

there was a delay in authorizing 12 PT sessions and now the patient has quadriceps atrophy. An 8/14/13 Physical therapy visit states that patient has met all his goals and is to be discharged from PT. Patient had additional therapy after this but the exact number is not clear from documentation submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-operative physical thereapy once a week for three weeks for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS guidelines recommend a fading of frequency of therapy sessions to an active self directed home exercise program. The documentation submitted reveals that the patient has exceeded the 12 recommended physical therapy treatment visits post meniscectomy and is competent in a home exercise program. There is no extenuating circumstance why he needs additional therapy. The request for postoperative physical therapy once a week for three weeks to the right knee is not medically necessary.