

<b>Case Number:</b>	CM13-0053517		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Pain 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 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 was injured on 11/20/2010 and sustained bilateral knee injuries. The mechanism of injury is unknown. Prior treatment history has included 27 sessions of physical therapy since 09/11/2013 and 11 since manipulation under anesthesia 10/21/2013. His treatment program has included manual facilitated stretching therapeutic exercise, home exercise education and modalities as needed for pain and swelling modulation. The patient underwent surgery in 2008 for partial medial meniscectomy. He also underwent left total knee replacement on 08/26/2013. He underwent as stated above, manipulation under anesthesia 10/21/2013. A cortisone injection was given 12/03/2013. The patient takes meloxicam. Diagnostic studies reviewed included: MRI of the left knee dated 05/03/2013 revealing likely post surgical changes involving the posterior horn of the medial meniscus as well as the portion of this meniscus. The possibility of the findings being secondary to a meniscal tear cannot entirely be excluded. Historical correlation for the type and extent of the patient's previous surgery is recommended. He had degenerative bone changes. Focal thinning of the medial patellar facet hyaline cartilage compatible with a focal chondromalacia patella. Small joint effusion with an approximate 8 mm well circumscribed fluid accumulation immediately posterior to the distal posterior cruciate ligament. While of undetermined etiology, the finding may represent a small synovial cyst. Left knee x-ray dated 08/23/2013 revealed lower extremity only 7 mm longer than right. Right hemiarthroplasty seen. Medical compartment left knee degenerative joint disease. X-ray of left knee dated 08/26/2013 revealed stable postoperative appearance since prior study. Mild soft tissue swelling with a joint effusion. X-ray of the left knee status post arthroplasty dated 12/03/2013 shows knee demonstrates good placements of implants in proper anatomical position. . X-ray of left hip does have some arthrosis. Progress note dated 11/14/2013 documented the patient to have complaints of diffuse left knee pain rated 4-5/10. His primary complaint is a focal point of pain and

tenderness in the supralateral soft tissue. Objective findings on exam included knee PROM is 3-1214 degrees and AROM is 12-108 degrees. Left knee strength is 4/5 for both flexion and extension. He is ambulating with a single point cane. His gait pattern is antalgic but steadily improving. Knee swelling is moderate. Assessment: There continues to be slow but consistent improvement in knee range of motion. The end-point of both flexion and extension are soft and "springy". The complaint of supralateral pain is extra-articular. He tends to carry surrounding soft tissue swelling longer than usual and exhibits a lower than normal pain tolerance.

Treatment/Plan: Continue progressive rehabilitation efforts for the left knee. We have only one authorized physical therapy session remaining. My recommendation is to continue 2 x a week for 4 weeks with progressive rehabilitation of the left knee. Progress note dated 12/03/2013 documents the patient with complaints of pain in the left knee. He continues to complain of left lateral knee pain which is constant when he is walking. It throbs when he is sitting. He says the Voltaren gel has not helped at all and thinks it is impeding his progress. He is going to physical therapy and seems to be getting better motion back. He has no calf pain. Objective findings on exam reveal significant tenderness over the lateral joint line and near the iliotibial band insertion. This is clearly reproducing his pain. He has no left trochanteric bursa tenderness with palpation. His range of motion is +7 to approximately 105 degrees. He can do straight leg raise without a lag. Assessment: Left knee pain consistent with iliotibial band tendinitis and left hip osteoarthritis. Plan: Cortisone injection right at the point of tenderness. Include strengthening and stretching exercises inclu

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

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

**PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** CA MTUS guidelines, Postsurgical therapy following manipulation under Anesthesia (knee) is recommended for a total of 20 visits over 4 months. The patient had MUA on 10/21/2013 and as of the 11/14/2013 Progress Report from his physical therapy, he had already received a total of 11 physical therapy sessions since the MUA. According to the guidelines, the period for postoperative treatment should be 20 visits over 4 months; the request is for an additional 18 sessions of physical therapy. The requested amount exceeds the guidelines criteria by 9 sessions. The treatment, as requested, is not medically necessary.