

<b>Case Number:</b>	CM13-0053779		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/05/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53-year-old male with date of injury on 02/18/2013. The progress report dated 10/21/2013 by [REDACTED] indicates that the patient's diagnoses include: Rule out recurrent tear, medial meniscus, left knee. The patient complains of global pain about the left knee, swelling about the knee, occasional giving away, and occasional limp. The patient is status post 5 ½ months from left knee arthroscopy for partial meniscectomy on 05/06/2013. The patient was provided with postoperative physical therapy 2 to 3 times a week through 08/19/2013. He was instructed on home exercises and proper body mechanics. He was last examined in late August 2013. The patient was released to return to work on full duty after 08/28/2013. The patient reported since resuming his regular work duties, the pain to his left knee was worsened and has constant swelling in the left knee. Physical exam findings showed relatively good range of motion. The patient had 0 degrees to 125 degrees range of motion of the left knee compared to 0 degrees to 135 degrees on the right knee. There is tenderness over the medial joint line, medial collateral ligament. McMurray's test was guarded. A request was made for a repeat MR arthrogram of the left knee and additional physical therapy 2 times a week for 6 weeks. The utilization review letter dated 11/05/2013 issued non-certification of this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram Left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 355.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 341.

**Decision rationale:** The patient presents with an exacerbation of left knee pain and swelling. He was status post 5 ½ months from left knee arthroscopy. The patient had partial meniscectomy of the medial meniscus of the left knee. ACOEM Guidelines page 341 states that Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. Table 13-5 gives a 3+ out of 4+ for arthrography to evaluate meniscus tear. ODG Guidelines were also reviewed, which recommend arthrography to the knee as a postoperative option to help diagnose a suspected residual or recurrent tear for meniscal repair or for meniscal resection of more than 25%. In this case, it appears that the patient had been released to full duty and was doing well after postoperative physical therapy treatment. He then experienced an exacerbation while at work and was experiencing persistent increased knee pain. The request for postoperative MR arthrogram appears to be reasonable and supported by the guidelines noted above. Therefore, authorization is recommended.

**Physical Therapy 2x6 left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient presents with worsening of left knee pain after experiencing an exacerbation of his symptoms while returned to full duty for approximately 1 ½ months. The progress reports indicate that the patient continued physical therapy through 08/19/2013. The physical therapy progress report dated 07/30/2013 indicates the patient had completed 25 postoperative sessions at that point. The patient's range of motion at that time was reported from improving from 105 degrees flexion to 137 degrees flexion. The post-surgical treatment guidelines for meniscus surgery recommend 12 visits over 12 weeks. The post-surgical physical medicine treatment period is 6 months. The patient has undergone more than double the recommended number of physical therapy sessions. The patient was well instructed on a home exercise program. However, the post-surgical treatment guidelines further state that in the event the patient sustains an exacerbation related to the procedure performed after treatment has been discontinued and it is determined that more visits are medically necessary, physical medicine treatment shall be provided within the post-surgical physical medicine period. At the time of the request, the patient had roughly two weeks left in the post-surgical treatment period. The request was made for 2 times a week for 6 weeks. A very short course of 2 weeks would be reasonable to see how the patient responds. However, a course of therapy for 6 weeks does not appear to be recommended by the post-surgical guidelines at this late phase of care. Therefore, recommendation is for denial.