

<b>Case Number:</b>	CM13-0056290		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 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 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 applicant is a represented [REDACTED], employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of September 13, 2012. In a utilization review report dated October 30, 2013, the claims administrator denied a request for an additional 12 sessions of postoperative physical therapy. It was stated that the applicant had undergone a knee arthroscopy procedure on May 20, 2013. The claims administrator nevertheless invoked non-MTUS ODG Guidelines and non-MTUS Third Edition ACOEM Guidelines in its denial letter, despite the fact that the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand. The claims administrator stated that the applicant had had 20 sessions of postoperative physical therapy as of the date of the request. The applicant's attorney subsequently appealed. In an October 20, 2014, progress note, the applicant reported 3/10 to 8/10 knee pain. The applicant was walking with a limp but was not using any assistive devices. The applicant had undergone a left knee Arthrogram of October 23, 2014, which demonstrated an ACL repair and associated postoperative screw. The applicant was described as having developed tri-compartmental chondromalacia following three prior knee surgeries. No further knee surgery was endorsed. It was stated that the applicant had issues with tri-compartmental osteoarthritis and/or knee chondromalacia. Viscosupplementation injections were endorsed. Work restrictions were also furnished, although it did not appear the applicant was working with said limitations in place. In a July 1, 2013 progress note, the applicant was described as status post left knee arthroscopy with medial and lateral meniscectomies, chondroplasty, and debridement. The applicant was given a diagnosis of knee arthritis. The applicant was not using crutches. The applicant reported persistent locking and clicking complaints. On August 16, 2013, the applicant reported persistent complaints of knee pain, 3/10 to 9/10, exacerbated by standing and walking activities. Well-healed surgical incision lines were noted. The applicant was a driver, it was

stated. The applicant was able to squat to 60% normal. Additional physical therapy and work restrictions were endorsed. The applicant was given a limitation of inability to drive a manual transmission truck. It did not appear that the applicant was working with said limitations in place. On September 13, 2013, the applicant reported ongoing complaints of 2/10 to 8/10 knee pain, exacerbated by standing, walking, squatting, and walking over two blocks. The applicant did exhibit diminished flexion with well-preserved extension. Some tenderness was appreciated about the lateral joint line. Relafen was endorsed. The applicant was given a restriction of "may not drive a manual transmission truck," effectively preventing the applicant from returning to work as a driver. On October 11, 2013, the attending provider again renewed his restriction of "may not drive a manual transmission truck," again effectively resulting the applicant's move from workplace. Celebrex was endorsed. Viscosupplementation injections were also endorsed, along with 12 additional sessions of physical therapy. Persistent complaints of 4/10 to 8/10 knee pain were appreciated.

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

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

**Additional post-operative physical therapy to the left knee three times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The applicant had seemingly had prior treatment (20 sessions, per the claims administrator), seemingly in excess of the 12-session course recommended in the MTUS Postsurgical Treatment Guidelines following knee meniscectomy surgery, as apparently transpired here. While this recommendation is qualified by commentary made in MTUS 9792.24.3.c.3 to the effect that physical medicine may be continued up to the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished and also by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine is contingent on applicant-specific factors such as comorbid conditions, prior pathology, and/or surgery involving the same body part, and/or an applicant's essential job functions, in this case, however, the applicant did not seemingly profit with the 20 prior sessions of physical therapy today. While the applicant did have a number of comorbidities, including comorbid arthritis, history of earlier knee surgeries, history of prior ACL reconstruction surgery, etc., which would have supported additional treatment provided additional functional improvement could reasonably have been effected, in this case, however, there is no evidence that the applicant's knee issues were trending favorably. There is no evidence that the applicant was progressing functionally in any appreciable way. An extremely proscriptive limitation of 'unable to drive with manual transmission' was renewed, from visit to visit, effectively resulting in the applicant's removal from work as a driver and effectively arguing against the presence of any functional improvement as defined in MTUS 9792.20(f). As noted in MTUS 9792.24.3.c.4.b, in cases in which no functional improvement is demonstrated, post-surgical treatment shall be discontinued

at any time during the post-surgical physical medicine period. Therefore, the request for additional postoperative physical therapy was not medically necessary.