MAXIMUS Federal Services

| Case Number: | CM13-0057436 | | |
|---|---|---|---|
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/09/2012 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

## 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, and is licensed to practice in Texas. 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:

This patient is a 50 year old female who reported an injury on 09/09/2012 and the mechanism of injury was that the patient slipped on a banana while walking through the aisle at work injuring her right knee. The patient attempted to break her fall and fell forward landing on her knees and then experienced sharp pain in her right knee. On physical exam on 07/16/2013, the patient presented with severe pain to her right knee rating it 6-7/10. The patient described the pain as constant and radiating to her right ankle associated with throbbing, aching, limited range of motion, and experienced difficulty lying down changing positions, ascending or descending stairs, standing up, bending, sitting, and performing activities of daily living. X-rays of the left knee in 03/2013 were normal. An MRI of the right knee revealed tear in her meniscus. The patient returned to work with modified duties. The patient is status post right knee arthroscopy with arthroscopic resection of the torn portion of the medial and lateral meniscus; arthroscopic tricompartmental synovectomy of the right knee; arthroscopy chondroplasty of the medial femoral condyle and patella of the right knee on 06/05/2013. The patient was then referred for post-operative therapy. Range of motion of the right knee: flexion 90/130 degrees, extension should be 0 degrees or neutral, she lacks a full 5 degrees of extension. Initially physical therapy was ordered 3 times a week for strengthening and range of motion, then a recommendation for 3 times a week for 4 weeks for strengthening and range of motion was requested by the treating physician.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**. Physical therapy twice a week for six weeks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Postsurgical Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state passive therapy is beneficial for short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended. The MTUS Chronic Pain Guidelines would recommend 9-10 visits for myalgia. The documentation provided for review did not indicate the past total number of visits to date as well as the response to the therapy and modalities. As such, the request is not medically necessary and appropriate.