

<b>Case Number:</b>	CM13-0070858		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 60 year old man with a date of injury of 6/6/13. He was seen by his orthopedic physician on 11/26/13 with complaints of persistent left knee pain, especially on the lateral side with symptoms of catching and locking. He trialed tramadol with no real relief of symptoms. His physical exam was said to be unchanged with good range of motion, full extension and 120 degrees of flexion. He had tenderness to direct palpation and with internal tibial rotation. His anterior and poster drawer signs were negative and his medial and lateral collateral ligaments were clinically intact. His diagnoses included MRI showing medial compartment arthritis and lateral meniscus tear. Arthroscopic exam was requested. Both the physical therapy and surgery were denied. At issue in this review is post-operative physical therapy to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 POST OP PHYSICAL THERAPY TREATMENT SESSIONS FOR THE LEFT KNEE:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CRITERIA FOR MENISCECTOMY.

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

**Decision rationale:** The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Per the post-surgical treatment guidelines, controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term, therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Minns Lowe, 2007) The guidelines for arthroplasty and meniscus tears is 12 visits over 12 weeks. In this injured worker, the surgical procedure was not authorized so the post-operative physical therapy visits are not medically justified.