

<b>Case Number:</b>	CM14-0002208		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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 is a 59-year-old female who sustained an injury to her right knee on 5/24/2013 when she tripped over a mat. The patient had an orthopedic consultation on 7/22/2013. The patient underwent a computerized tomography (CT) scan of the knee, which showed narrowing of the medial compartment with thinning of the medial meniscus. She could not have an MRI scan, because she had a pain stimulator inserted into her low back. The patient continued to have sharp, throbbing pain in her knee which was worse with kneeling, walking and flexing the knee and improved with rest and non-weight bearing. Her orthopedic diagnoses were a tear of the posterior horn medial meniscus, and severe patellofemoral chondromalacia with medial compartment osteoarthritis. On 11/12/2013, the patient underwent diagnostic arthroscopy with arthroscopic surgery of the right knee. She underwent a partial medial and lateral meniscectomy with chondroplasty of the patellofemoral joint, synovectomy, and lysis of adhesions. Postoperatively she was given twelve (12) sessions of physical therapy. Since her progress was poor, a request was made for an additional nine (9) sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR THREE (3) WEEKS, FOR TREATMENT TO THE RIGHT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
FUNCTIONAL RESTORATION APPROACH TO CHRONIC PAIN MANAGEMENT AND  
PHYSICAL MEDICINE Page(s): 8 AND, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The Postsurgical Treatment Guidelines indicate that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomies. However, it does allow twelve (12) visits over twelve (12) weeks for an old bucket-handle tear, derangement of menisci, loose body in the knee, or chondromalacia of the patella. The guidelines also indicate that where no functional improvement is demonstrated, the postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. The patient had twelve (12) sessions of physical therapy and progressed very slowly. On the eleventh visit, she was still walking with a quad cane. The Chronic Pain Guidelines indicate that the demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. In addition, active therapy is based on the philosophy that therapeutic exercises and/ or activity are beneficial for restoration of flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines also indicate that patients are expected to continue active therapies at home as an extension of the treatment process. There is no documentation that the patient was on a home functional restoration program, and there was no documentation of what the patient's functional improvement, if any, was throughout the postoperative period. Therefore, for all the reasons cited above, the medical necessity of additional physical therapy has not been established.