

<b>Case Number:</b>	CM14-0003113		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 patient is an employee of [REDACTED] and has submitted a claim for lower leg joint pain associated with an industrial injury date of January 19, 2013. Treatment to date has included physical therapy, and pain medications such as Ibuprofen, Soma, and Percocet. Medical records from 2013 were reviewed, showing that the patient had a motor vehicle accident on 1/19/13 where she had cervical spine and right knee injury. She had mild swelling and pain to her right knee. Physical examination showed right knee mild swelling with possible crepitation of the patella. McMurray's maneuver on the right was positive. An MRI of the right knee done on March 13, 2013 showed small to moderate suprapatellar and peripatellar effusion, moderate to high-grade partial tear of the anterior cruciate ligament, and moderate to high-grade dorsal tears of the medial collateral ligament with no fractures. Motor testing, reflexes and sensation were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TREATMENT(OUTPATIENT):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, KNEE DISORDERS CHAPTER, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 2009, PAGE(S) 98-99, POST-SURGICAL TREATMENT GUIDELINES, KNEE ARTHROSCOPY,

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered (from up to 3 visits per week to 1 or less) and transitioned into a self-directed home program. The Post-Surgical Treatment Guidelines recommend 24 visits over 10 weeks for knee arthroplasty. In this case, the patient only had two previous physical therapy sessions; however, functional outcomes were not documented. Furthermore, the physical therapy request is for status post right knee arthroscopy; however, the procedure was not authorized. It is unclear if the surgery was already executed or if there are still plans for the operation due to lack of documentation. As such, the request is not medically necessary.