

<b>Case Number:</b>	CM14-0004401		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of September 10, 2012. A utilization review determination dated December 16, 2013 recommends non-certification of physical therapy two times per week for four weeks for a total of eight visits. Non-certification is recommended due to the patient having completed the recommended 12 post operative physical therapy visits, no documentation supporting additional visits beyond the guidelines recommended number of sessions, and no documentation to indicate why the patient could not perform a home exercise program. A progress note dated November 15, 2013 identifies subjective complaints of difficulty squatting, kneeling, and standing. The patient indicated that physical therapy had been extremely helpful and had improved her endurance; she also reported that her job was physically demanding. Physical examination of the left knee identifies mild crepitation, range of motion of 0 to 135 degrees, trace effusion, and no significant medial joint line tenderness. No diagnosis was included in this progress note. The treatment plan recommends continuation of physical therapy at two times the week for another four weeks, addition of progressive strengthening and endurance to her therapy; the patient was to return to work with modified light duty, and if the work restrictions were not accommodated then the patient was to remain temporarily totally disabled until further evaluation in six weeks. An MRI of the left knee without contrast dated April 30, 2013 reported a 6 mm x 3 mm area of grade 3 chondral fissuring involving the medial facet of the patella, persistent peripheral displacement of the body of the medial meniscus by 2 mm with respect to the edge of the medial tibial plateau and degeneration of the posterior horn and body of the medial meniscus, a small left knee joint effusion, medial plica, intrameniscal degeneration of the lateral meniscus, and minimal scar tissue in the medial aspect of the intra patellar fat pad from prior arthroscopic surgery. An operative report dated August 15, 2013 details the chondroplasty and microfracture drilling of the medial femoral condyle and the

arthroscopic multi compartment synovectomy and osteophyte excision at the base of the ACL. A progress note from the physical therapy provider dated November 14, 2013 reports that the patient had completed 23 of 24 visits since the initial evaluation on August 27, 2013, and that the patient was having difficulty with deep squatting and carrying of objects greater than 15 pounds. The recommended treatment plan by the physical therapist was for additional therapy at two visits a week for four weeks.

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

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

#### **CONTINUED PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS (8 VISITS):**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 & 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional 8 visits (2 times a week for 4 weeks) of physical therapy, the California MTUS post-surgical guidelines recommend 12 physical therapy visits over 12 weeks for post-operative cases such as meniscectomies. ODG recommends a maximum of 12 therapy visits for the post-surgical treatment of meniscus injuries and articular surface injuries. Within the documentation available for review, the patient had completed 23 sessions of physical therapy, according to a physical therapy progress note dated at 3 months post-op, which exceeds the maximum number recommended by guidelines. Additionally, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for 8 (2 times a week for 4 weeks) additional physical therapy visits is not medically necessary.