

<b>Case Number:</b>	CM14-0008046		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old male patient with a 9/10/12 date of injury. He sustained a re-injury when he twisted and felt a pop in his knee. A 1/2/14 progress report indicated that the patient had arthroscopic surgery of the knee on 2/11/13 and continued to have pain in his left knee. A repeat MRI dated on 5/30/13 demonstrated recurrent tear of the lateral meniscus, with some subcondral edema of the lateral femoral condyl. He was still on crutches. On 10/7/13 he had a knee arthroscopy due to recurrent tear of the lateral meniscus. He was authorized for 9 physical therapy session on 10/10/13. An 11/1/13 progress report indicated that the patient had good progress from PT. Range of motion of the left leg was 0-120 degrees. On 1/2/14 progress report the patient reported that he had making good progress on therapy. He was 3 month post ops. He was beginning to wean himself off the cane. Physical exam revealed range of motion 110 degrees and mild retropatellar crepitation and tenderness. He was diagnosed with left knee lateral meniscus tear s/p partial lateral meniscectomy with recurrent tear, and left knee mild arthritis with chronic left knee pain. Treatment to date includes medication management and physical therapy. There is documentation of a previous 1/10/14 adverse determination, based on the fact that there was no documentation of functional gains after prior physical therapy treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X 4WKS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6 (page 114). Official Disability Guidelines (ODG) Knee Chapter: Physical Therapy Guidelines.

**Decision rationale:** The MTUS Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The ODG states the following for physical therapy: Old bucket handle tear; Derangement of meniscus; loose body in knee; Chondromalacia of patella; Tibialis medical treatment: 9 visits over 8 weeks, Post-surgical: 12 visits over 12 weeks. The patient was status post arthroscopic surgery on 10/7/13. He has completed 9 sessions of physical therapy. However, the proposed number of physical therapy sessions in addition to the number of visits already completed would exceed Guidelines recommendations. The additional 8 sessions would put the patient at 17 sessions of physical therapy, which exceeds Guideline recommendations of 12 sessions post-operatively. There is no documentation of functional gains or improvements in the activities of daily living from the prior physical therapy sessions to provide a rationale for additional physical therapy sessions. Therefore, the request as submitted is not medically necessary and appropriate.