

<b>Case Number:</b>	CM14-0108923		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/16/2005
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Occupational Medicine 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 a 60-year-old female who has submitted a claim for right knee arthritis, right knee recurrent medial meniscectomies, and major depression associated with an industrial injury date of June 16, 2005. Medical records from 2013-2014 were reviewed. The patient complained of right knee pain. There was accompanied depression as well. Physical examination showed noticeable swelling, most pronounced at the area of the prepatellar region. She has pain with palpation at the prepatellar region, medial joint line and with patellofemoral compression. There is also knee effusion, approximately 1+ pain with direct palpation at the medial and lateral joint line. Range of motion was limited with pain. Bounce home and McMurray's test were positive. MRI of the of the right knee, dated March 26, 2014, revealed partial meniscectomy at both medial and lateral menisci and cartilage resurfacing at the level of the patella, a residual or recurrent bucket-handle tear on the mid body of the medial meniscus, and findings suspicious for meniscal tear extending to the inferior free surface of the anterior horn of the lateral meniscus. Treatment to date has included medications, physical therapy, home exercise program, activity modification, cervical spine fusion, knee injections, and right knee arthroscopic meniscectomy and chondroplasty. Utilization review, dated July 2, 2014, denied the request for physical therapy 3 x wk x 4wks right knee 12 visits because the request exceeds the guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions for right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The MTUS Postsurgical Guidelines recommend 24 visits over 10 weeks of post-operative physical therapy for knee arthroplasty. Postsurgical physical medicine treatment period is up to 4 months. In this case, there was no documentation regarding previous physical therapy sessions on the knees. The patient underwent right knee arthroscopy medial meniscus repair versus meniscectomy on June 2014. Postoperative physical therapy has not been initiated yet. Physical therapy may be medically necessary. However, an evaluation, dated June 10, 2014, states that patient would not be able to fully participate in physical therapy, occupational therapy, and psychology due to her pervasive deconditioning, as well as severe depression. The medical necessity has not been established. Therefore, the request for Twelve (12) physical therapy sessions for the right knee is not medically necessary.