

<b>Case Number:</b>	CM14-0014259		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 45 year old male who was injured on 06/11/2013 who sustained injury to the right knee due to repetitive work. Prior treatment history has included six sessions of physical therapy. The patient underwent right knee anterior cruciate ligament reconstruction in 1998 and right knee meniscectomy in 1999 and 2001. He has had Synvisc injection to the right knee joint space on 08/25/2013. His medications include: Prilosec, Naprosyn, vicoprofen, simvastatin and analgesics as need. Progress report dated 01/16/2014 documented the patient with complaints of constant right knee pain associated with popping. The pain increases with repetitive bending, keeling, squatting and stair climbing. Objective findings on examination of the right knee reveal that patient has postsurgical scar. Range of motion of the right knee extension is 0 degrees bilaterally, flexion is 120 degrees on right and 135 degrees on left. He has medial joint line discomfort and pain. There is no appreciable effusion at this point but it is tender to palpation especially posteriorly. Drawer testing reveals that there is no laxity within the joint and appears to be stiff and tight with medial and lateral strain of the joint. He is able to perform about half of squat and then come back to standing position. Diagnosis: Right knee derangement. Treatment Plan: I am requesting authorization to continue with physical therapy at two times a week for two weeks. UR report dated 01/30/2014 denied the request for additional physical therapy sessions as medically not necessary. The report indicates the claimant has completed the physical therapy (PT) sessions. The referral information indicates the claimant was approved for six physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL FOUR (4) PHYSICAL THERAPY SESSIONS FOR RIGHT KNEE:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES, 48,99

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 58-59.

**Decision rationale:** CA MTUS guidelines recommend 9-10 physical therapy visits over 8 weeks for chronic pain. This is a request for additional physical therapy for a 45 year male with chronic right knee pain status post three surgeries, including ACL reconstruction, all over 10 years ago. Knee pain worsened due to repetitive use with date of injury 6/11/13. The patient had 3 Synvisc injections. The patient also did physical therapy x 6 completed by August 2013 and then at least another 4 up through November 2013, which reportedly provided 'some relief' and helped, but right knee pain persists and is noted to be unchanged. There is no discussion of functional improvement. Physical therapy notes are not provided. In January 2014 clinic notes, the patient is noted to have decreased right knee flexion and positive McMurray. He is diagnosed with internal derangement and referred to an orthopedist for further evaluation, though he was already felt to be at MMI on an 8/14/13 orthopedics visit. Medical necessity for additional physical therapy is not established at this time. There has been no interval change or re-injury. At least 10 visits were already completed without documented functional benefit.