

<b>Case Number:</b>	CM14-0019230		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopedic Surgery, and is licensed to practice in New York. 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 expert reviewer developed the following clinical case summary based on a review of the case file that included all medical records. The patient is a 62-year-old female with a date of injury of June 14, 2013. She has chronic left knee pain. She has noted worsening left knee pain with physical therapy. She has difficulty bearing weight. Physical examination demonstrates lateral joint line tenderness and range of motion between 0 and 115. She has a 1+ effusion. Medical records from January 7, 2014 indicate that the patient had worsening knee pain after using the bike at physical therapy. Physical therapy notated from a December 20, 2013 report that the patient was having left knee pain and that she has decreased hamstring and quadriceps strength on the left. It also documents a full range of the motion. She has utilized the physical therapy sessions. MRI of the left knee from July 2013 shows displaced longitudinal bucket handle lateral meniscus posterior tear. There is chondral loss of the weight bearing surface of the lateral femoral condyle and tibial plateau. There is a joint effusion with chondromalacia patella. Treatment to date includes left knee arthroscopy with subtotal lateral meniscectomy and chondroplasty of the patella. The patient had a postoperative physical therapy visits after the surgery. The issue is whether additional physical therapy visits are medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, FPR THE LEFT KNEE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

**Decision rationale:** Additional physical therapy visits consisting of 8 sessions are not supported by current guidelines. California MTUS guidelines allow 12 visits over 12 weeks after arthroscopic meniscectomy surgery. An additional 8 physical therapy visits will exceed 12 visits. Guidelines do not support an additional 8 sessions as the patient has completed 8 sessions of physical therapy. These are 8 additional sessions with a total of 16 postoperative physical therapy visits. Guidelines indicate only 12 postoperative physical therapy visits. Also, emphasis should be placed on the goal of transitioning to a home exercise program. The additional 8 postoperative physical therapy sessions are not medically necessary and not supported by current guidelines.

#### **VISCOSUPPLEMENTATION UNDER ULTRASOUND GUIDANCE FOR THE LEFT KNEE, SERIES OF 5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, NCBI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - KNEE CHAPTER: NCBI, EFFICACY OF INTRAARTICULAR HYALURONIC ACID INJECTIONS IN KNEE OSTEOARTHRITIS.

**Decision rationale:** This patient has had recent arthroscopic meniscectomy and chondroplasty for left knee pain. The medical records indicate that the patient has experienced improvement with postoperative physical therapy. The patient still has swelling in the knee. Treatment with physical supplementation is not indicated at this time as the patient is still recovering from left knee surgery. In addition, the patient has achieved some improvement with physical therapy. There is no documentation that the patient has had a trial and failure of other conservative modalities for osteoarthritis. There is no documentation of a steroid injection into the left knee. There is no documentation that the patient has tried and failed multiple nonpharmacologic and pharmacological treatments for left knee pain. Additional conservative measures are necessary at this time. The Visco supplementation is not medically necessary. Criteria for Visco supplementation are not met.