

<b>Case Number:</b>	CM14-0114824		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old-male, who sustained an industrial injury on 04/15/13. Mechanism of injury is unknown. On 04/18/14, he underwent a right knee arthroscopy with partial lateral meniscectomy, lateral release, lysis of adhesions and Manipulation under anesthesia (MUA). Progress note dated 01/23/2014 shows patient continues to have severe knee stiffness with pain, persistent limp and needs to use crutches. Physical exam of knee revealed significant contracture limiting his flexion significantly at about 45-50 degrees. He has some tenderness at the quad tendon. He has tenderness and swelling around his foot as well, with pain on subtalar motion. A standing knee series was done and the patient has no degenerative changes. Mild effusion with tenderness to palpation was noted. No valgus or varus instability is present. Sensation: distal sensation is intact. Progress note dated 06/05/14 states patient has been doing physical therapy. Dyna-splint and home exercise program was reviewed and encouraged. The right knee range of motion (ROM) was 0-120 degrees. The patient was noted to be stable and doing exceedingly well at 6 weeks postoperatively. Diagnoses: S/P knee arthroscopy; contracture of knee; quadriceps tendon rupture (degenerative); moderate right ankle pain. UR determination for continue physical therapy times six, for the right Knee was Denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue PT x 6 misits, Right Knee.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Knee.

**Decision rationale:** As per California Medical Treatment Utilization Schedule (MTUS) guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per Official Disability Guidelines (ODG) guidelines, physical therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. In this case, there is no record of previous PT progress notes, documenting any significant improvement in the objective measurements. Furthermore, the records lack detailed pain and functional assessment to support any indication of more PT visits. Additionally, the right knee ROM was within the functional range and the injured worker was doing very well according to progress note dated 6/5/14. At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.