

<b>Case Number:</b>	CM14-0130706		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 52 year-old male who reported an injury on 07/24/2010. The mechanism of injury was not provided. The injured worker's diagnoses included patellofemoral syndrome of the right knee, maltracking of the right patella, left knee strain compensable consequence of the right knee injury, lumbosacral sprain/strain compensable consequence of the right knee injury, and insomnia due to chronic pain. Past treatments included pain medications, physical therapy, and the use of a knee brace, back brace and cane to aid in ambulation. There were no diagnostic studies provided for this review. The medical record indicated that the injured worker has undergone three right arthroscopic knee surgeries, the most recent on 10/26/2013. The clinical note dated 06/12/2014 indicated that the injured worker had completed 6 physical therapy visits and reported overall improvement of his condition. The injured worker reported a decrease in pain, improved level of functioning, weakness in his right lower extremity and difficulty with prolonged standing and walking. The physical examination of the right knee revealed the range of motion improved by -5 degrees of extension and 130 degrees of flexion. There was decreased tenderness on palpation of the right knee. The left knee had full range of motion and mild tenderness on palpation to the medial joint line. On 07/28/2014 the injured worker reported a decrease in pain, improved level of functioning, difficulty with prolonged standing, walking, and going up and down stairs. In addition the injured worker complained of knee instability, pain in the left knee due to overcompensation, low back pain, and insomnia. Upon physical examination findings included tenderness to palpation of the right knee medial joint line. The range of motion of the right knee was limited with extension to 5 degrees and flexion to 128 degrees. Patellar grind test and quadriceps inhibition tests were both positive. Medications included Naprosyn, Norco and Alprazolam. The treatment plan was for 6 additional post-op physical therapy visits, continuation of medications, a cane for ambulation, and the use of a back brace as needed for

work. The physician noted that the plan was for purposes of further improving the injured worker's pain level and level of functioning. The request for authorization form was submitted for the review and signed on 08/20/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional post-operative physical therapy, 6 visits to the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee: Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 24.

**Decision rationale:** The request for 6 additional post-operative physical therapy visits for the right knee is not medically necessary. On 06/12/2014 the physician noted the injured worker clearly demonstrated improvement with the 6 physical therapy sessions in terms of decreased pain and improved level of functioning. The range of motion of the right knee was limited with extension to 5 degrees and flexion to 128 degrees. The California MTUS Post-Surgical guidelines recommend 12 sessions of physical therapy over 12 week following surgical intervention. The guidelines recommend a physical medicine treatment period of 6 months. There is a lack of documentation demonstrating that the injured worker had significant objective functional improvement with the prior sessions of physical therapy. The clinical note from 02/2014 indicated the injured worker completed 12 sessions of physical therapy and the clinical note from 06/2014 indicated the injured worker completed only 6 sessions of physical therapy; therefore, there is a discrepancy within the documentation pertaining to the number of sessions completed which requires clarification. As such, the request is not medically necessary.