MAXIMUS Federal Services

| Case Number: | CM14-0156198 | | |
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| Date Assigned: | 09/25/2014 | Date of Injury: | 06/04/2013 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

## 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, has a subspecialty in Interventional Spine 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 59 year old male with an injury date of 06/04/13. Based on the progress report dated 08/27/14 provided, the patient complains of joint pain and swelling on the left knee along with joint stiffness. The patient reports that his knee catches during movement, and he experiences snapping, clicking and grating sensations. The knee joint feels unstable. It suddenly buckled and the patient heard a popping sound. The patient is experiencing both soft tissue and bone pain in the left knee. Physical examination of the left knee revealed deformity and tenderness on palpation. Knee flexion was abnormal and patient felt pain with motion. Examination also demonstrated tenderness on the ambulation of knees along with muscle weakness in the area. The provider recommended home exercises to strengthen the knee, as per progress report dated 03/17/14. The patient is scheduled for knee arthroscopy, as per progress report dated 08/27/14. MRI of the Left Knee, 07/09/13 (mentioned in the utilization review denial letter)- Tricompartmental osteoarthritis, most advanced medially- Medial meniscus degeneration- Mild degeneration of the lateral meniscus- Severe degeneration of the anterior cruciate ligament- Small joint effusionDiagnosis 08/27/14:- Osteoarthritis of knee- Chronic internal derangement of kneeProvider is requesting for pre-op physical therapy treatments; 12 sessions for the left knee. The utilization review determination being challenged is dated 09/18/14. The rationale was that the requested pre-operative therapy is not medically necessary as the surgery was deemed not medically necessary. Treatment reports were provided from 03/17/14 - 08/27/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op physical therapy treatment, 12 sessions for the left knee,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg, Physical Medicine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents left knee joint pain, swelling, and stiffness on the left knee along with restricted mobility, clicking, snapping, and grating sensations, as per progress report dated 08/27/14. The request is for pre-op physical therapy treatments; 12 sessions for the left knee. The patient's diagnosis dated 08/27/14 included osteoarthritis of knee, and Chronic internal derangement of knee. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed."The provider's progress reports do not provide any information about previous physical therapy, home exercise regimens, and other forms of treatments used to manage pain and improve functionality. The provider does not provide a rationale as to why additional therapy is needed. MTUS recommends up to 10 sessions. The request for 12 sessions exceeds what is allowed by MTUS. The request is not medically necessary and appropriate.