

<b>Case Number:</b>	CM14-0170543		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Orthopaedic Surgery, 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:

This 56-year-old female unloader sustained an industrial injury on 10/22/13. Injury occurred when she slipped and fell with immediate onset of right knee pain and swelling. Past surgical history was positive for right knee arthroscopic surgery in 2009. She underwent right knee arthroscopy with partial lateral meniscectomy on 3/27/14. The 6/18/14 physical therapy report indicated that 17 visits had been provided with improvement in range of motion from -10 - 90 degrees to 0-120 degrees. Knee strength had improved from 3-/5 to 5/5. The patient had minor discomfort, was ready to go back to work, and was discharged. She was released to full duty work on 6/30/14. The 7/16/14 treating physician report cited an exacerbation of right knee symptoms after returning to work. Pain was constant, moderately severe, and increased with walking and range of motion. Right knee exam documented range of motion 0 to 90 degrees, with 2/5 knee flexion/extension strength. Provocative testing was negative. The 8/11/14 right knee MRI impression documented chondromalacia patella with possible tear involving the posterior horn of the medial meniscus at the left body and anterior horn of the lateral meniscus. The 9/8/14 orthopedic report cited persistent right knee pain with giving way and locking. Symptoms were increased with prolonged standing, walking, and stair climbing. Right knee exam documented healed arthroscopic portals, 3+ swelling, medial and lateral joint line tenderness, and patellofemoral joint tenderness. Range of motion was 5-120 degrees with crepitation of the patellofemoral joint and popping. McMurray's, patellofemoral compression, and apprehension tests were positive. Lachman's was negative. Thigh girth was 15.25" right and 16" left; calf girth was 12.75" and 13.5" left. X-rays taken today showed medial joint line narrowing. The diagnosis was internal derangement right knee, chondromalacia patella with possible torn medial meniscus, lateral meniscus tear, and right lower extremity atrophy. The orthopedist recommended further conservative treatment including corticosteroid injection,

physical therapy and home exercise. If there was no improvement, arthroscopic surgery would be required. The 9/23/14 utilization review denied the request for 12 physical therapy visits for the right knee as previous physical therapy had failed to improve the patient's condition and she was awaiting surgical intervention.

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

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

**12 physical therapy visits for the right knee 2 times per week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This patient completed initial post-op physical therapy with full functional recovery and returned to full duty work on 6/30/14. She experienced an exacerbation of symptoms with slight loss of extension range of motion and marked functional strength deficit. Updated MRI findings documented chondromalacia patella and suggested a possible meniscus tear. The orthopedic surgeon has recommended a trial of conservative treatment prior to additional surgical intervention to assess functional benefit. The patient was still within the 6-month post-surgical period at the time of this request. However, it is not reasonable to expect that additional functional improvement could be achieved based on the prior overall therapy outcome overall after extensive PT. Therefore, this request is not medically necessary.