

<b>Case Number:</b>	CM14-0020142		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old female who was injured on 8/10/2012. She was diagnosed with left knee sprain and meniscus tear. She was treated with surgery (left knee partial meniscectomy 9/13/13), physical therapy (14 or more), medications, cortisone injection, acupuncture, and activity modification. She has a medical history of uncontrolled hypertension. On 1/28/14, the worker was seen by her pain specialist complaining of pain in her left knee. Additional physical therapy had previously been recommended, but was reported to have not been authorized at the time. She was then again recommended to get physical therapy for her left knee. On 1/29/14, the worker was seen by her orthopedic physician for her regular monthly appointment. The provider in the progress note documented that they discussed the fact that her diastolic blood pressure had been too high for the past many months, in the range of 95 or higher, with a diastolic blood pressure from that day being 107 in the office, which had caused the provider to hold off on pursuing additional physical therapy until it became more under control with the help of her primary care provider, who was reportedly been working with her.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general chronic knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. The MTUS Post-Surgical Treatment Guidelines state that following a meniscectomy of the knee, up to 12 visits of supervised physical therapy over 12 weeks is considered reasonable. In the case of this worker, as suggested in the documents provided for review, she had completed at least 14 post-surgical physical therapy sessions, which is beyond the recommended number of visits for both surgery or general chronic pain of the knee. Also, it appears that at the time of the request, high blood pressure was still inhibiting her from moving forward with additional physical therapy anyway. Therefore, the 8 more sessions of supervised physical therapy are not medically necessary and home exercises should be the primary method of physical therapy at this point.