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| <b>Case Number:</b>   | CM14-0021777 |                              |            |
| <b>Date Assigned:</b> | 02/24/2014   | <b>Date of Injury:</b>       | 06/14/2011 |
| <b>Decision Date:</b> | 06/26/2014   | <b>UR Denial Date:</b>       | 12/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2014 |

### 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 Orthopedic Surgery, and is licensed to practice in 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 record notes a 44-year-old individual with a date of injury of June 14, 2011. The mechanism of injury reported is that the claimant was on a chair which fell over and bumped his head. The record indicates the claimant is status post left knee arthroscopy in July 2012. A progress note dated December 2, 2013 indicates a subjective complaint of low back pain rated 6/10, right knee pain rated 8/10, left knee pain rated 9/10, left ankle pain rated to-6/10 (increases after weight-bearing), and low back pain that increases with prolonged sitting and standing. The objective documentation indicates " positive ortho tests and resisted range of motion" for the low back, bilateral knees, left ankle dysfunction, and palpable tenderness 3-4+. A diagnosis of left knee. Postop, right knee sprain/strain, migraine, depression/anxiety, and cervical spine sprain/strain is noted. The treatment plan includes authorization for follow-up with a spine consult and physical therapy for the bilateral knees and ankles, 8 visits. Additionally, 6 visits of chiropractic care are requested for the low back. A subsequent progress note dated December 17, 2013 indicates that left knee is worse. The claimant complains of swelling, buckling, and the claimant had an episode of giving way, resulting in injury to the left ankle. The record indicates the claimant had to go to the ER for pain medications. Physical exam findings reveal a left limp, swelling of the left knee with a positive effusion, decrease muscle tone to the left quad, crepitus of the left knee, tenderness at the medial compartment in pain with McMurray's. X-rays of the left knee revealed patellofemoral spurs and significant narrowing of the medial joint line. Treatment recommendation included an MRI of the left knee, an unloader brace, prescription pain medications, including Norco, naproxen, methadone, pantoprazole, and cyclobenzaprine. A pain management request is also made for sleep meds and chronic pain. A urine drug screen is recommended. A progress note dated September 25, 2013 also references a near complete tear of the anterior talofibular ligament., The MRI evidencing this finding is reported, but there's no

physical examination noted. A physical exam is included on a note which appears to be from a September 4, 2013 office visit, however this specific page is not dated. The subjective documentation indicates "positive ortho tests for dysfunction, reduced range of motion, reduced range of motion. Palpable miles spasm, 4+ tenderness.

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

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

#### **8 PHYSICAL THERAPY SESSIONS FOR THE LEFT KNEE (STATUS POST SURGERY ON 7/12/12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, TABLE 2, SUMMARY OF RECOMMENDATIONS, KNEE DISORDERS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES MTUS CHRONIC PAIN ACUPUNCTURE MEDICAL TREATMENT GUIDE, Postsurgical Treatment Guidelines.

**Decision rationale:** Review of the medical record reveals that no documentation has been provided to substantiate the medical necessity of physical therapy for the left knee/postoperative physical therapy for the left knee. The claimant's procedure details and the postoperative therapy provided to date are not referenced. It is unclear if the claimant completed the postoperative physical therapy with return to function (in regards to the left knee), or if the claimant has had baseline deficits following surgical intervention. The number of sessions provided to date are not referenced, and if recent therapy was provided, there is no clinical documentation supporting and objective functional gain was noted with the prior physical therapy. The request for eight physical therapy sessions for the left knee (status post surgery on July 12, 2012) is not medically necessary or appropriate.