

<b>Case Number:</b>	CM14-0028054		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	09/03/1999
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 injured worker is a 48-year-old female who was reportedly injured on 09/03/1999. The mechanism of injury was noted as being struck in both knees by a gurney. The most recent progress note, dated 1/15/2014, indicated that there were ongoing complaints of bilateral knee pain rated at 7/10 at its worst and 5/10 at its best. She states her pain was relieved by physical therapy. The associated symptoms included tingling, weakness, swelling, spasms, locking and giving out. The physical examination demonstrated well healed arthroscopic scars to the left knee. Warmth noted over the right knee. No erythema noted. Crepitus was noted of the right knee. Tenderness to palpation noted to the lateral joint line and patellar tendon of the right knee and medial joint line and Pes Anserine bursa of the left knee. Trace effusion was noted to the right knee. Range of motion was left 90 flexion, right 80 flexion, left extension +20 and right +20. Muscle strength was 5/5. Left knee was positive for McMurray's and positive for patellar compression test. Diagnostic imaging studies, including an MRI of the left knee, dated 3/18/2010, revealed findings suspicious for a tear of the medial meniscus, attenuation of the inner portion of the medial meniscus consistent with prior arthroscopic debridement, osteoarthritis medial joint compartment, focal osteonecrosis involving the posterior articular surface of the lateral femoral condyle, small joint effusion, advanced chondromalacia patellae, 12 mm nonspecific soft tissue nodular focus residing immediately lateral to the popliteal artery/vein, Pes Anserine bursitis and slight peripheral subluxation of the medial meniscus. The previous treatment included arthroscopic surgery of the left knee, physical therapy, medications to include Celebrex, Biofreeze with Ilex gel and Terocin Lotion. A request had been made for physical therapy for the left knee #12 visits and was not certified in the pre-authorization process on 2/10/2014.

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

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

**TWELVE (12) SESSIONS OF PHYSICAL THERAPY FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The patient has undergone arthroscopic surgery of the left knee as well as postsurgical rehabilitation and therapy. The patient continues to have chronic knee pain and was recently prescribed physical therapy. Although the patient stated physical therapy helped alleviate her pain, her pain was still rated on average 5/10 to 7/10. The patient continues with significant functional limitations. There was no documentation submitted that shows functional improvement after most recent visits of physical therapy. Active therapy is based on therapeutic exercise and/or activity, which is beneficial for restoring flexibility, strength, endurance, function and range of motion. Due to lack of improvement as well as number of visits already completed, medical necessity has not been established in this case.