

<b>Case Number:</b>	CM14-0031457		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/25/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Pain Medicine and is licensed to practice in TX. 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 47 year old male with a date of injury of 03/25/2010. Mechanism of injury is a twisting injury of the right knee and right ankle. There were four surgeries to his right knee. An anterior cruciate ligament reconstruction was performed prior to this injury and is unrelated. A partial medial meniscectomy was performed between May and June, 2010; an arthroscopy, debridement, chondroplasty and synovectomy was performed 11/16/12; an osteotomy and autologous chondrocyte implantation was performed on 05/24/13. Documented reference to a therapy progress note dated 08/12/13 indicates the patient had completed 25 of 36 postoperative physical therapy visits with progress. Physical therapy Evaluation Report dated 12/18/13 indicates the patient participated in formal physical therapy from June until September, 2013. The injured worker reportedly benefited from this treatment. Physical therapy was discontinued, however, and the patient reports regression in progress since. The patient is participating in a home exercise program and is wearing his brace. Physical therapy progress report dated 01/20/14 notes the patient has completed 11/12 skilled physical therapy sessions. Right knee extension is -2 , flexion is 135 , strength of extensors is 3+/5 and strength of flexors is 3++/5. Clinical note dated 02/13/14 indicates an additional 10 physical therapy visits and an MRI will be requested. Utilization Review dated 02/28/14 recommends adverse determination for the 10 additional physical therapy visits for the right knee stating that the patient had completed 40 supervised postoperative rehabilitation visits and 138 physical therapy sessions since date of injury. The utility review conclusion also notes the patient has plateaued with supervised rehab. Magnetic resonance image of the right knee dated 03/14/14 reveals chondromalacia, a probable trace subchondral osteophyte formation about the medial trochlear groove and a small intraosseous ganglion measuring about 6 mm about the lateral

aspect of the medial femoral condyle. Most recent clinical note dated 05/07/14 notes the patient benefited from a fat pad cortisone shot on 04/17/14. Recommendation for a right knee scope and debridement, scar tissue release and chondral meniscus surgery is made. There are no documents which indicate this procedure has been approved or performed.

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

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

#### **10 Physical Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The injured workers' completed therapy treatment to date exceeds guideline recommendations for postoperative physical therapy visits for the knee. There are no exceptional factors included in the documentation which justify further exceeding guideline recommendations with another 10 visits. Records indicate the patient has experienced improvement with formal sessions of physical therapy; after 138 sessions of formal physical therapy it is reasonable to conclude the patient is well-versed in effective therapeutic exercise. There are no barriers revealed in the submitted documentation which indicate the patient is unable to continue participation in a home exercise program. Based on the clinical information provided, medical necessity for 10 physical therapy visits is not established. The request for 10 physical therapy visits is not recommended as medically necessary.