

<b>Case Number:</b>	CM14-0056470		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/26/2014

### 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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 56 year old with a date of injury of 07/18/13. A progress report associated with the request for services, dated 04/10/14, identified subjective complaints of foot pain and postoperative right knee status. The knee pain was improving. Objective findings included tenderness to palpation of the knee and a non-antalgic gait. The foot exam was not documented. Diagnoses included left foot pain; left knee pain; and status-post right knee arthroscopy. Treatment had included oral analgesics and NSAIDs. A partial meniscectomy was done in January of 2014. Twenty-one sessions of physical therapy were received from January 2014 to April 2014. A Utilization Review determination was rendered on 04/25/14 recommending non-certification of additional post-operative physical therapy 2 x 4 to the right knee and additional physical therapy 2 x 4 to the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 x 4 to the Left Foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Foot and Ankle Chapter.

**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) Ankle & Foot, Physical Therapy.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends physical therapy with fading of treatment frequency associated with active therapies at home as an extension of the treatment process in order to maintain improvement levels. Specifically, for myalgia and myositis, 9-10 visits over 8 weeks are recommended by the MTUS Chronic Pain Guidelines. The Official Disability Guidelines (ODG) states that for ankle strain and pain, 9 visits over 8 weeks are recommended, and for plantar fasciitis, 6 visits over 4 weeks. The patient has received an unspecified number of previous physical therapy sessions. An additional 8 sessions are requested, which may exceed the recommendation of 10 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document the number of previous sessions and any functional improvement. As such, the request is not medically necessary and appropriate.

**Additional Post-Operative Physical Therapy 2 x 4 to the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Foot and Ankle Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11, 24.

**Decision rationale:** The MTUS Postsurgical Guidelines for meniscectomy of the knee include a general course of therapy of 12 visits over 12 weeks, with a postsurgical physical medicine treatment period of 6 months. An initial course of therapy should be tried, which is one-half the number of visits specified in the general course of therapy. Then, with documentation of functional improvement, a subsequent course of therapy can be prescribed within the parameters of the general course of therapy. The Guidelines also specify that after completion of the general course of therapy, if it is determined that additional functional improvement can be accomplished; physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the patient has received 21 previous physical therapy sessions, which exceeds the Guidelines' recommendations. Additionally, functional improvement was not documented. Therefore, there is no documentation for the necessity of additional physical therapy after partial meniscectomy in this case.