

<b>Case Number:</b>	CM14-0060169		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 26-year-old male who has submitted a claim for right knee sprain associated from an industrial injury date of February 21, 2013. The medical records from 2013-2014 were reviewed; the latest of which dated March 18, 2014 revealed that the patient complains of slightly increased pain in the right knee after a 5 hour road trip. There is slight increase in knee cracking. He is not taking any medications for pain and currently not working. On physical examination, there is limitation in range of motion of the right knee with extension to approximately 177 degrees and flexion to approximately 135 degrees. Treatment to date has included right knee arthroscopy (5/23/13), right knee arthroscopy with extensive debridement, lysis of adhesion, synovectomy, chondroplasty and partial lateral meniscectomy (1/9/14), H-wave, postoperative physical therapy, home exercise program, and medications, which include ibuprofen, Norco, Diclofenac and Zofran. Utilization review from April 3, 2014 modified the request for physical therapy 2 times a week for 6 weeks for the right knee to physical therapy 2 times a week for three weeks to the right knee because the current request exceeds guideline recommendations without exceptional factors; however, the patient continues to have deficits in range of motion with slight increase in pain that would be anticipated to continue to benefit from physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy 2x for 6 Wks for the right knee: 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): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** As stated on page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. In addition, the Post-Surgical Treatment Guidelines recommends postsurgical physical therapy for 12 visits over 12 weeks within the treatment period of 6 months. In this case, patient underwent right knee arthroscopy (5/23/13), right knee arthroscopy with extensive debridement, lysis of adhesion, synovectomy, chondroplasty and partial lateral meniscectomy (1/9/14). The patient received 6 out of 8 sessions of postsurgical physical therapy, with noted decrease in pain and increase in range of motion. However, the extension of therapy will exceed the guideline recommendation of 12 visits over 12 weeks within the treatment period of 6 months. There is no discussion concerning need for variance from the guidelines. Therefore, the request for physical therapy 2 times a week for 6 weeks for the right knee is not medically necessary.