

<b>Case Number:</b>	CM14-0061166		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/16/2014
<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 Physical Medicine & Rehabilitation 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 a 57-year-old male who reported an injury on 08/28/2008 due to a slip and fall. Prior treatments included physical therapy which was reported to have failed, indicating no improvement in range of motion or relief of pain. The injured worker returned to work on modified duty with the restriction of no lifting greater than 51 pounds. The injured worker was diagnosed with internal derangement of the left knee. On 09/10/2009 the injured worker was diagnosed with extreme quadriceps atrophy. An MRI of the left knee was performed on 09/11/2008 which revealed posterior horn degenerative signal with possible degenerative tear of the medial meniscus and patellofemoral chondromalacia. The clinical note dated 10/17/2012 noted the injured worker complained of a loss of range of motion and a decline in activities of daily living. The injured worker has not been able to return to work, as he sustained a second injury at the new job he was working. The injured worker's medication regimen included Naprosyn, Omeprazole, Neurontin, Medrox, Dendracin, and Zanaflex. The physician noted an antalgic gait favoring the left lower extremity. The injured worker attended physical therapy following his injury. The injured worker was assessed and received an unknown number of physical therapy sessions with no improvement. The injured worker received an MRI of the foot on 02/08/2013 indicating a posterior horn degenerative signal with possible degenerative tear of the medial meniscus, and patellofemoral chondromalacia. Symptoms of neuropathy developed after a foot fracture with numbness to the great toe. The injured worker ambulated without difficulty, and complained of constant pain rated at 5/10 to the left knee. The injured worker underwent a left knee arthroscopy on 03/13/2013. The injured worker's last office visit was 02/04/2014; the injured worker complained of left knee pain rated 5/10 that was constant and burning which radiated to the left hip and buttock. Range of lumbar spine motion was limited and the injured worker ambulated with an Antalgic gait favoring the left leg. The physician was

requesting physical therapy to the left knee, eight units, 2 times per week for four weeks. There was no Request for Authorization form or rationale provided within the documentation.

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

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

#### **Eight (8) Physical Therapy sessions to the Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The recommended number of sessions is 8-10 visits over 4 weeks. The injured worker's last documented physician's visit was 02/14/2014 for a post-surgical review of the left knee performed on 03/13/2013. The physician noted a burning constant pain rated 5/10 to the left knee and low back radiating to the left buttocks and hip. The injured worker ambulates with an antalgic gait favoring the left side. There is no documentation presented indicating the number of previous physical therapy sessions the injured worker received. There is no documented evidence of improvement of condition with physical therapy. The request for physical therapy to the left knee exceeds the guideline recommendations. The requesting physician did not provide a recent and complete assessment of the injured worker's objective functional condition which demonstrated deficits needing to be addressed with physical therapy. As such, the request of eight (8) Physical Therapy sessions to the Left Knee is not medically necessary and appropriate.