

<b>Case Number:</b>	CM14-0062895		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of January 27, 2014. A utilization review determination dated April 23, 2014 recommends non certification of 4 to 8 additional physical therapy sessions for the left knee and lumbar spine. Non certification was recommended since the patient has already undergone 18/24 sessions of therapy. A progress report dated July 14, 2014 identifies that the patient was seen by orthopedist who performed a medial meniscus surgery. On June 30, 2014, the orthopedic physician gave the patient an injection due to knee swelling. The patient has been exercising and doing well with the left knee. Objective examination findings revealed tenderness the palpation over the medial joint line of the left knee with full range of motion. Diagnoses include low back pain, lower extremity pain, right hip pain, and left knee pain. The patient underwent a meniscus repair on April 18, 2014. The treatment plan recommends continuing with tramadol, follow-up with the orthopedic physician, and continue the current exercise program. A physical therapy note dated June 3, 2014 indicates that the patient was being seen following a knee surgery and has showed excellent progress with normal range of motion and nearly normal strength. Recommendation is to continue home exercise and discharge from physical therapy. A physical therapy note dated April 3, 2014 indicates that the patient has undergone 18 physical therapy visits thus far. The treatment plan recommends additional physical therapy for manual therapy and traction treatments. A consultation dated March 27, 2014 recommends left knee surgery and post-op physical therapy consultation for one visit. A physical therapy note dated April 24, 2014 recommends range of motion and strength exercises and home exercise instruction. The treatment duration is for 2 visits in 6 weeks. A physical therapy note dated April 24, 2014 indicates that the patient is using crutches for partial weight bearing for brief household mobility since surgery. The patient's range of motion is limited and the strength is reduced. The treatment plan indicates that the patient is independent with a home

exercise program and recommends that the patient use the home exercise program to improve strength, range of motion, and function.

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

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

**Additional physical therapy (4-8) sessions for the left knee and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Knee; Dislocation of knee, tear of medial/lateral cartilage/meniscus of knee.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 337-338, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127, Postsurgical Treatment Guidelines Page(s): 10,24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Post Surgical Treatment Guidelines recommend a maximum of 12 postoperative therapy visits following meniscus repair. They recommend an initial 6 visits followed by 6 additional visits if there is documentation of functional improvement. Within the documentation available for review, it is clear that the patient underwent meniscus surgery for his knee on April 18, 2014. The physical therapy consult following that surgery indicates that the patient is independent with a home exercise program and can use this home exercise program to regain strength and range of motion. Additionally, the currently requested 8 physical therapy sessions exceeds the amount recommended by guidelines for an initial trial following surgery. Furthermore, there is no documentation of objective functional improvement from previous therapy, and ongoing objective treatment goals for the lumbar spine to support the need for additional therapy in that particular body part. As such, the currently requested additional physical therapy (4-8) sessions for the left knee and lumbar is not medically necessary.