

<b>Case Number:</b>	CM14-0071787		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

According to the provided documents, this is a 34-year-old gentleman with a date of injury of 5/31/11. However, the patient's left knee pain apparently did not start until sometime in late 2013 following hardware removal from the left arm. This is a request for physical therapy twice a week for 4 weeks for left knee. The submitted reports indicate that the patient had hardware removal surgery from his left ulna in early September 2013. He had postoperative physical therapy for that. He was released to regular work on 11/26/13. The 12/12/13 report states the patient says that after surgery he was groggy from anesthesia. He missed-stepped and placed all his weight on his left lower extremity, developing pain in the left knee. The pain was getting worse and pain was localized around the knee medially and laterally. X-rays recently have been unremarkable. Exam as documented that date did not document any abnormal findings in the left knee. Knee pain was again mentioned on a 2/25/14 PR-2. This report stated the patient says the knee pain started about a month following surgery and that he believes he twisted his knee as it came down with force by a heavy garbage bag. Exam that day showed slightly reduced range of motion and medial and lateral joint line tenderness. The diagnosis was left knee pain. The patient had Physical Therapy (PT) 2 times a week for 4 weeks was requested and it was requested that the knee be a covered body part. A 3/13/14 "corrected/resubmitted" report indicated patient continued to complain of knee pain and diagnosis was left knee pain-possible meniscal tear and authorization for PT for the knee was being awaited. A 4/11/14 report stated that the patient was awaiting authorization for physical therapy for the knee. He had been to a pain management Dr. for the left forearm and was being given pain medications for that. Exam shows range of motion 0-140 with mild to moderate medial and lateral joint line tenderness. No effusion and no laxity. The diagnosis from that report was left knee pain. An 11/30/13 Physical Medicine &

Rehabilitation report addresses the left arm complaints and does not make any mention of any knee complaints.

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

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

#### **Physical Therapy 2x Week x 4 Weeks Left Knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Updated 3/31/14), Physical Medicine Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Therapy for the knee.

**Decision rationale:** Since this patient's left knee pain began sometime after September 2013 and since there has not been any documented treatment, the MTUS chronic pain guidelines do NOT apply and the ACOEM 2004 edition chapter's algorithms are applicable. The ACOEM algorithms addressing physical therapy recommends instruction in home exercises and states that prescribed physical methods should include initial and follow-up visits for education, counseling and evaluation of home exercises. Passive modalities without exercise are not recommended. ODG guidelines state that there is positive limited evidence for physical therapy, but that if there is no improvement after 2-3 weeks of physical therapy the protocol should be modified or reevaluated. For derangement of the meniscus, which is what was suspected in this case, 9 sessions over 8 weeks is recommended. The request for 8 sessions over 4 is thus consistent with the guidelines and based upon the available evidence is considered to be medically necessary.