

<b>Case Number:</b>	CM14-0071863		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/18/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old female with a work injury dated 7/24/11. The diagnoses include status post right knee arthroscopy with medial meniscectomy and pain extending to right hip; flare crush injury right hand and wrist, with pain to right neck; right carpal tunnel syndrome. Under consideration is a request for physical therapy 2 x 3 right knee. A 3/5/14 orthopedic document states that the patient returns for a postoperative visit after undergoing a knee arthroscopy of the right knee on 1/28/14. She is following a normal course of recovery with minimal pain and mild weakness. The patient has no unusual complaints. The patient denies fever, chills, excessive drainage from the wound and increasing redness/warmth. She denies leg swelling, chest pain and shortness of breath. The patient is recovering at home, has been receiving physical therapy, and is taking pain medication. The patient returns for follow-up. She continues to improve week-to-week and has completed physical therapy. She has pain with the extremes of knee extension. She also has difficulty kneeling. On exam her wound is healed. She has no varus/valgus instability. Homan's sign is negative. Quadriceps strength is 5-/5. There is no erythema. The right lower extremity is neurologically intact. The plan includes a request for physical therapy 2 x 3 right knee. There is a primary treating physician report dated 4/15/14 which states that the patient returns for re-evaluation. There has been a change in circumstances since her last evaluation. She reports a flare of pain over the last week. She has difficulty bending her knee or using the right upper extremity without significant pain. We were denied 4 acupuncture treatments by untimely utilization review. On exam there is pain and limitation of right knee flexion. Previous examination revealed right knee flexion to be 130, today right knee flexion is 100. There is limited right wrist, range of motion with pain. Last evaluation, right wrist range of motion was normal. She reports numbness and tingling in the right wrist with Tinel's.

The treatment plan states that this patient has experienced an exacerbation of symptoms. Consistent with the guidelines (see attached) six visits of chiropractic/physiotherapy is indicated. She has not received a trial course of chiropractic to date. The patient underwent a 1/28/14 right knee arthroscopy with subtotal medial meniscectomy and chondroplasty trochlea and medial femoral condyle. There is a request dated 2/5/14 for 8 post op visits of therapy.

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

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

**Physical therapy 2 x3 right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Physical therapy 2 x 3 right knee is not medically necessary per the MTUS Guidelines. The documentation does not reveal objective documentation from physical therapy revealing functional improvement. It is not clear how many physical therapy sessions the patient has had postoperatively. The documentation does not reveal evidence to suggest that additional supervised therapy is medically necessary. Without clarification of this information the request for physical therapy 2 x 3 right knee is not medically necessary.