

<b>Case Number:</b>	CM14-0072603		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/25/1998
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/16/2014
<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 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 50 year old male with a 6/25/98 injury date. The mechanism of injury is not provided. In a 5/1/14 follow-up, subjective complaints included right knee pain, catching, locking, and lower extremity swelling and pain. Objective findings included right knee range of motion from 0 to 135 degrees, patellofemoral pain, and medial joint line tenderness to palpation. Xrays showed moderate joint space narrowing medially and moderate patellofemoral arthrosis. Arthroscopy was recommended for diagnostic and therapeutic reasons, with a request for post-op physical therapy of 12 sessions. Diagnostic impression: right lower extremity complex regional pain syndrome (CRPS), right knee arthrosis. Treatment to date: right knee ACL reconstruction (10 years ago), medication management. A prior UR decision on 5/15/14 denied the request for physical medicine procedure on the basis that the primary surgical request for right knee arthroscopy was not certified. The request for 12 post-op physical therapy sessions (identified here as "physical medicine procedure) was modified to allow for 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS postsurgical treatment guidelines are not available for diagnostic arthroscopy or treatment of knee osteoarthritis with arthroscopy. For postsurgical treatment after arthroscopic partial meniscectomy, a similar procedure, guidelines recommend 12 physical therapy sessions over a 12 week time period. However, the request as written in the authorization for was for "physical medicine procedure," which is vague. In addition, the primary procedure, knee arthroscopy, was previously denied certification. Therefore, the request for physical medicine procedure is not medically necessary.