

<b>Case Number:</b>	CM14-0076073		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 28 a year old with a work injury to his right knee dated 4/3/13. The patient underwent a partial medial meniscectomy of the RIGHT knee on 03/07/14. Under consideration is a request for additional right knee post operative physical therapy x 8 sessions. There is a primary treating physician (PR-2) document dated 4/4/14 that states that the patient is status post right knee surgery last month. He still has compensatory left knee pain. On exam of the skin is within normal limits in the bilateral lower extremities. There are no musculoskeletal deformities. There is tenderness upon palpation of the patient's right knee. Muscle girth is symmetric in the bilateral lower extremities. Right knee range of motion was limited by pain in all directions. There is tenderness upon palpation of the medial and lateral joint lines. McMurray's maneuver was positive in the right knee. Sensation is intact to light touch, pinprick, proprioception, and vibration in all limbs. Heel, toe, and tandem walking were within normal limits. Waddell's signs were negative bilaterally. The remainder of the visit is unchanged. There is a primary treating physician (PR-2) document dated 4/18/14 that states that the patient currently complains of moderate to severe aching right knee pain since surgery that is worse with movement on physical exam Palpation reveals mild tenderness on the lateral incision. There is mild effusion. Range of motion examination of the knee is full extension to 135 flexion. Gross crepitus lateral joint line with motion. The contra lateral knee has full motion, no instability and normal strength. Normal inspection. On neurological foot examination, sensation is subjectively normal to light stroke testing. Continue PT. He has done 6 of 12 visits. He has popping and crepitus over the lateral right knee. The plan included a request to transfer the patient to a different PT to work on the scar tissue. The document states that this would be much more effective than his current PT.

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

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

**Additional right knee post operative Physical Therapy times 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Additional right knee post operative physical therapy x 8 sessions is not medically necessary per the MTUS guidelines. The California MTUS post-surgical guidelines support 12 visits of physical therapy following meniscectomy. The patient was already authorized 12 visits. The request for 8 more sessions is not medically as it exceeds guideline recommendations. The documentation does not indicate extenuating factors which would warrant additional physical therapy. The patient should be well versed in a home exercise program. The request for additional right knee post operative physical therapy times 8 is not medically necessary.