

<b>Case Number:</b>	CM14-0084561		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Medicine and is licensed to practice in Ohio and Texas. 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 injured worker is a 63-year-old male who reported an injury on 07/05/2007. Mechanism of injury was a fall. The injured worker's diagnoses were degenerative joint disease of the knee, chronic unstable lumbar sprain, and chronic unstable cervical disc degeneration. The injured worker's past treatments were physical therapy and an epidural steroid injection of the cervical spine. The injured worker's diagnostics were an MRI of the right knee with an impression of large medial meniscal tear with medial and patellofemoral compartment with osteoarthritis. The injured worker had a right knee arthroscopy with partial medial meniscectomy and chondroplasty. The injured worker complained of bilateral knee pain, characteristics of pain was squeezing and cramping. Pain score was a 3-6/10. The physical examination dated 06/24/2014 revealed there was pain in the Achilles insertion on the right, swelling of the right knee with limited range of motion due to stiffness and pain. The injured worker's medications were Lyrica, tramadol and Prilosec. The provider's treatment plan was to continue Lyrica as prescribed, tramadol and Prilosec. The requested treatment plan was for physical therapy for 6 sessions to the right knee. The rationale for the request was to increase range of motion and strength. The Request for Authorization form dated 05/21/2014 was provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, right knee #6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home exercise program (HEP).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy times 6 sessions, right knee is not medically necessary. According to The California MTUS Guidelines states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was clinical records documentation of the injured worker having a right knee Arthroscopy with partial medial Meniscectomy and Chondroplasty. According to clinical records that were submitted for review the injured worker is making steady progress with physical therapy but there was lack of documentation or physical therapy notes to measure or monitor progress. There was no mention in the clinical medical records subjectively or objectively of functional deficits to the knee. Furthermore there was no documented evidence as to how many physical therapy sessions had been completed. The medical records that were submitted with documentation for review indicates that the request for physical therapy would exceed evidence based guidelines for visits as well as being outside of the parameter of the post-surgical medicine treatment period of 6 months. As such, the request for physical therapy times 6 sessions, right knee is not medically necessary.