

<b>Case Number:</b>	CM14-0108881		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/03/2004
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 63 year old female with an injury date of 02/03/04. Based on the progress report dated 05/28/14, the patient complains of stiffness and pain in right knee, low back, and left arm. The patient has occasional numbness in bilateral feet along with some pain in the lateral aspect of the left elbow where she had radical nerve decompression "a number of years ago." Physical examination of the back reveals "some stiffness and pain with motion." The patient also has 1 cm leg length discrepancy, right less than left. The patient underwent diagnostic arthroscopy; arthroscopic complete synovectomy, two or more compartments; Arthroscopy arthrolysis with manipulation; manipulation of the right knee under anesthesia, and injection of the knee joint., as per operative report dated 02/24/14. The patient is doing a home stretching and strengthening program, as per progress report dated 04/30/14. She also uses the sleep medication Cymbalta, as per the same progress report. Diagnosis, 05/28/14: Arthrofibrosis of the right knee with compensatory low back pain and strain left forearm. The patient is back at work with restrictions and is "actually doing well," as per progress report dated 05/28/14. The treating physician is requesting for Additional PT 2 X 4 for the Right Knee. The utilization review determination being challenged is dated 06/11/14. The request was modified to "additional PT 2 x 3 for the right knee" Treatment reports were provided from 01/10/14 - 05/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT 2 X 4 for the Right Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines(ODG), Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98,99, Postsurgical Treatment Guidelines Page(s): 24,25.

**Decision rationale:** This patient is status post diagnostic arthroscopy; arthroscopic complete synovectomy, two or more compartments; Arthroscopy arthrolysis with manipulation; manipulation of the right knee under anesthesia, and injection of the knee joint., as per operative report dated 02/24/14. She complains of stiffness and pain in right knee, low back, and left arm, as per progress report dated 05/28/14. The request is for Additional PT 2 X 4 for the Right Knee. MTUS Guidelines pages 24 and 25 state "Manipulation under Anesthesia (knee) [DWC]: Postsurgical treatment: 20 visits over 4 months. Postsurgical physical medicine treatment period: 6 months." MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient underwent right knee surgery on 02/24/14. Hence, she is not within the post-operative time frame. Review of previous reports does not indicate prior physical therapy but given the date of injury from 2004, the patient likely had some therapy. The treating physician does not explain why additional therapy is being requested. There is no discussion as to why the patient is unable to rely on home exercises. However, given the patient's pain and stiffness, with probable flare-up and no recent history of therapy, 8 additional sessions appear reasonable. The request is medically necessary.