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| <b>Case Number:</b>   | CM14-0158075 |                              |            |
| <b>Date Assigned:</b> | 10/01/2014   | <b>Date of Injury:</b>       | 07/17/2012 |
| <b>Decision Date:</b> | 08/17/2015   | <b>UR Denial Date:</b>       | 09/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male with an industrial injury dated 07/17/2012. His diagnoses included patellofemoral osteoarthritis of the right knee, right knee arthroscopic surgery and revision of diagnostic and operative arthroscopy and debridement. Prior treatment included Synvisc One viscosupplementation, physical therapy and medications. He presents on 07/08/2014 (most recent progress note) for orthopedic re-evaluation in regards to the right knee. He is post right knee diagnostic and operative arthroscopy on 04/04/2014. He had made "slow and steady" progress with physical therapy. He continues to notice pain on the inside of his knee as well as pain behind his knee cap. Physical exam of the right knee showed range of motion that was 0-120 degrees of flexion. He had well healed arthroscopic portals. There was positive patellofemoral crepitation and positive grind test. He was tender to palpation over the medical compartment. The treatment plan included physical therapy and medications. The treatment request is for physical therapy 2 times per week for 6 weeks for range of motion and strengthening for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times per week for 6 weeks for range of motion & strengthening for the right knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in July 2012 and underwent right knee revision arthroscopic surgery in April 2014 with partial meniscectomy, patellofemoral chondroplasty, and debridement. He had post-operative physical therapy and had completed 8 treatments when he was seen. He was having pain and was requesting an injection. He was making slow and steady progress in therapy. There was decreased range of motion and strength with positive patellofemoral crepitus and medial compartment tenderness. An additional 12 physical therapy treatments was requested. Post surgical treatment after knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant had already had a partial course of post-operative physical therapy including instruction in a home exercise program. Providing the number of additional skilled physical therapy services being requested would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.