

<b>Case Number:</b>	CM14-0176631		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old male with an injury date of 01/22/14. The patient is status post diagnostic arthroscopy of the right knee, partial lateral menisectomy, partial synovectomy and injection of the right knee joint, as per operative report dated 08/19/14. As per progress report dated 09/22/14, the patient complains of intermittent lower back pain, rated at 4/10, that radiates to bilateral legs, right greater than left. The patient also has intermittent right knee pain rated at 2/10. He also suffers from anxiety, depression and loss of sleep secondary to pain. Physical activity aggravates the pain while rest, heat/cold therapy, and physical therapy help alleviate it. Physical examination reveals tenderness to palpation in the paraspinal muscles at L4-5 and L5-S1 bilaterally. Kemp's test is positive bilaterally. There is tenderness in the right knee as well. The patient is also suffering from decreased sensation to light touch on right L3, L4, L5 and S1, as per progress report dated 09/04/14. The straight leg raise is also positive on the right. Medications, as per progress report dated 09/22/14, include Norco and Gabapentin. MRI of the Right Knee (date not mentioned), as per progress report dated 06/27/14:- Effusion- Chondromalacia on surface of the patella- Increased signal within the anterior horn of the lateral meniscus and posterior horn of the medial meniscus MRI of the Lumbar Spine (date not mentioned), as per progress report dated 06/19/14: Moderate neural foraminal stenosis at L3-4, L4-5 and L5-S1 Diagnoses, 09/22/14:- Right knee surgery on 08/19/14- Degeneration of lumbar or lumbosacral intervertebral discs- Lumbago- Thoracic or lumbosacral neuritis or radiculitis unspecified- Stiffness of joint involving the lower leg- Chondromalacia of patella- Unspecified internal derangement of knee The request is for physical therapy 2 x week for six weeks (right

knee). The utilization review determination being challenged is dated 10/08/14. The UR has modified the request to 2 x / week for four weeks and once in the fifth week because the patient has already received three sessions of physical therapy between 09/16/14 and 09/26/14. Treatment reports were provided from 03/27/14 - 09/22/14.

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

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

**Physical Therapy: 2x/week for 6 weeks (right knee):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical, knee Page(s): 24-25.

**Decision rationale:** The patient is status post diagnostic arthroscopy of the right knee, partial lateral meniscectomy, partial synovectomy and injection of the right knee joint, as per operative report dated 08/19/14. The request is for physical therapy 2 x week for six weeks (right knee). As per progress report dated 09/22/14, the patient complains of intermittent lower back pain, rated at 4/10, that radiates to bilateral legs, right greater than left. The patient also has intermittent right knee pain rated at 2/10. MTUS guidelines, pages 24-25, recommend 12 visits over 12 weeks in patients who have undergone meniscectomy, The postsurgical physical medicine treatment period is 6 months. In this case, the patient underwent right knee surgery on 08/19/14 and is within the post-operative time frame. In progress report dated 09/08/14, the treater requests for physical therapy after the surgery. The UR states that the patient has received three sessions of physical therapy between 09/16/14 and 09/26/14 (after the progress report with the request). However, it appears that these three therapy sessions in September are part of a retrospective request which falls within the range recommended by MTUS. Hence, this request is medically necessary.