

<b>Case Number:</b>	CM14-0201079		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, 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 61 year old female with an injury date of 04/18/14. Based on the 12/18/14 progress report provided by treating physician, the patient complains of left knee pain. Patient is status post left medial meniscus root repair 09/15/14. Physical examination to the left knee on 12/18/14 revealed tenderness to palpation to the medial joint line with +1 swelling and healed incisions. Range of motion was 0-110 degrees with pain. Patient still complains of pain and swelling, however improving with physical therapy. Patient's medications include Naproxen and Relafen. Per progress report dated 11/13/14, patient ambulates with a cane and wears a brace. Patient is off-work. Physical therapy notes from 09/17/17 and 10/24/14 showed patient is on a 2 time a week for 6 weeks program, and is continuing with home exercises. Operative Report 09/15/14 Preoperative Diagnosis:- medial meniscus root tear, left knee- chondromalacia Procedure: medial meniscus root repair, chondroplasty and debridement Postoperative Diagnosis: - medial meniscus complete root tear and avulsion- chondromalacia, grade 3 of medial femoral condyle- chondromalacia, grade 2 of medial tibial plateau- multiple large loose bodies up to 7mm Diagnosis 10/02/14, 11/13/14, 12/18/14- medial meniscus tear The utilization review determination being challenged is dated 11/20/14. Treatment reports were provided from 05/12/14 - 12/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 3 weeks for the left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute & Chronic) Chapter under Physical medicine treatment

**Decision rationale:** The patient is status post left medial meniscus root repair 09/15/14, and presents with left knee pain. The request is for physical therapy 2 times a week for 3 weeks for left knee. Patient's diagnosis on 10/02/14, 11/13/14, and 12/18/14 was medial meniscus tear. Physical examination to the left knee on 12/18/14 revealed tenderness to palpation to the medial joint line with +1 swelling and healed incisions. Range of motion was 0-110 degrees with pain. Patient's medications include Naproxen and Relafen. Per progress report dated 11/13/14, patient ambulates with a cane and wears a brace. Patient is off-work. ODG-TWC, Knee and Leg (Acute & Chronic) Chapter under Physical medicine treatment states: "Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks Post-surgical: 12 visits over 12 weeks"MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Patient's is still within post-operative time period from UR letter dated 11/20/14 and meniscus root repair to the left knee on 09/15/14. Per treater report dated 12/18/14, patient still complains of pain and swelling, "however improving with physical therapy." Though treater has mentioned patient is improving, there is no discussion of decrease in pain or specific examples of increase in function to warrant further monitored therapy. Physical therapy notes from 09/17/17 and 10/24/14 showed patient was on a 2 time a week for 6 weeks program, and is continuing with home exercises. The request for additional 6 sessions plus the 12 sessions completed would exceed guideline recommendations for the patient's condition. Therefore the request is not medically necessary.