

<b>Case Number:</b>	CM14-0038186		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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:

This 35 year old male was a ramp agent for an airline when his left foot was run over by an airline tug on June 23, 2010. The results of the injury included the injured worker reconstructive right foot surgery, which caused the injured worker's underlying right knee anterior cruciate ligament insufficiency to be aggravated by weight bearing restrictions on the left postoperatively. The diagnoses status post open reduction and internal fixation of the left second metatarsal fracture, dorsal sensory nerve deficit dorsum of the left foot, right knee osteoarthritis, right knee anterior cruciate ligament and lateral meniscus tears, chondromalacia of the medial femoral condyle and lateral tibial plateau of the right knee, status post meniscectomy and microfracture of the right knee, and quadriceps and calf atrophy of the right lower extremity. On June 27, 2013, the injured worker underwent right knee arthroscopic anterior cruciate ligament reconstruction, abrasion arthroplasty with microfracture of the medial femoral condyle, arthroscopy synovectomy of two compartments, and a partial lateral meniscectomy. On January 14, 2014, the primary treating physician noted that 12 visits physical therapy was authorized, but there are no reports of the specific dates of service or results. On February 12, 2014, the primary treating physician noted the injured worker complained of continued increased pain and discomfort, and pain with weight bearing. The physical exam revealed a negative Lachman, positive pain with range of motion, and mildly decreased strength. The treatment plan included requests for 12 visits of physical therapy and 12 visits of chiropractic care, but there are no reports of the services being rendered or results. On April 25, 2014, the injured worker underwent a right knee Hyaluronic acid injection. On May 2, 2014, the primary treating physician noted the injured worker continued to complain of right knee pain. The physical exam revealed right knee patellar crepitus and pain with range of motion. A second Hyaluronic acid injection of the right knee was given to the injured worker. On February 25, 2014 Utilization

Review non-certified a prescription for 12 visits (twice a week x 6 weeks) of physical therapy for the right knee. The physical therapy was non-certified based on the requested additional 12 visits of physical therapy exceeds the recommendations of the applicable guidelines, and there is no documentation to support the medical necessity of an additional 12 visits of physical therapy. The injured worker should have been educated while in physical therapy to a home exercise program, which should be performed along with physical therapy and then continued post therapy. The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Guidelines for physical medicine were cited.

### **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 right knee:** Upheld

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

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

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT (physical therapy) sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.