

<b>Case Number:</b>	CM14-0093893		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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 injured worker is a 54-year-old female who reported an injury on 09/12/2011. The mechanism of injury was not submitted for review. The injured worker has diagnosis of grade III patellofemoral chondromalacia of the right knee, status post right knee diagnostic and operative arthroscopy with chondroplasty and debridement, and corticosteroid adverse reaction from prior injections. Past medical treatment consists of surgery, physical therapy, injections, and medication therapy. On 01/10/2014, the injured worker underwent right knee diagnostic and operative arthroscopy. On 05/28/2014 the injured worker was seen on an orthopedic re-evaluation appointment for the right knee. The injured worker complained of worsening swelling around her ankle. She also stated to have painful and stiff calf pain. It was documented that the injured worker continued to make progress in regards to range of motion and strengthening of the knee in physical therapy. Physical examination revealed well healed arthroscopic portals. The injured worker had trace effusion. Her range of motion was 0 to 130 degrees with audible patellofemoral crepitation and patellofemoral grind. The injured worker had subsequent swelling that was 2+ at the right ankle. She also had a positive Homan's sign. However, there was no redness noted in the calf area. Medical treatment plan is for the injured worker to have additional physical therapy for the right knee, right ankle, and have additional injections. A rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee, 2 times a week for 6 weeks (12 visits): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee, Arthritis (Arthropathy, unspecified), Postsurgical treatment, knee.

**Decision rationale:** The submitted documentation indicated that the injured worker had completed 29 visits of postoperative physical therapy to date. The efficacy or outcome of physical therapy sessions were not submitted for review. The California MTUS Guidelines recommend a total of 24 visits over 10 weeks postsurgical therapy for arthroscopy. Additional physical therapy may be recommended with evidence of decreased medication, functional improvement, and evidence of strengthening range of motion. The request as submitted is for an additional 12 visits, exceeding the guideline recommendations. Additionally, there was no rationale submitted for review to warrant the request for additional physical therapy. It was noted that the patient had improvement in range of motion. However, there was no mention of the injured worker having a decrease in medication, nor was there mention of increased functional improvement. Furthermore, it is unclear how the injured worker would not benefit from a home exercise program versus additional physical therapy. Given the above, medical necessity cannot be warranted. As such, the request is not medically necessary.

**Physical therapy for the right ankle, 2 times a week for 6 weeks (12 visits): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

**Decision rationale:** The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an initial effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The progress note, dated 05/20/2014, indicated that the injured worker had swelling of the right ankle. However, there was no documented pain assessment using VAS, nor was there evidence of sensory deficits, decreased range of motion and/or muscle strength. Furthermore, it is unclear how the provider feels physical therapy for the right ankle would be beneficial to the injured worker versus a home exercise program. Additionally, there was no rationale submitted for review to warrant the request of right ankle physical therapy. Given the above, medical necessity cannot be established. As such, the request is not medically necessary.