

<b>Case Number:</b>	CM15-0107490		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 injured worker is a 45 year old female, who sustained an industrial injury on 06/19/2012. She has reported injury to the right knee. The diagnoses have included status post right knee partial meniscectomy, chondroplasty of the trochlear notch of the medial femoral condyle and debridement of the anterior cruciate ligament, on 11/29/2012, with ongoing osteochondral lesion, right medial femoral condyle; and status post right knee OATS osteocartilaginous allograft transfer procedure of the medial femoral condyle, on 08/19/2014. Treatment to date has included medications, diagnostics, bracing, injections, physical therapy, and surgical intervention. Medications have included Norco and Motrin. A progress report from the treating provider, dated 04/24/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in her right knee; in particular, she has anterior knee pain, which she states was not present before her surgery; most of the pain before her surgery was in the lateral compartment; she has pain with stairs, and most particularly, with going down stairs; and she has a combination of pain and weakness. Objective findings included retropatellar tenderness with minimal medial joint line tenderness, and range of motion from zero degrees to one-hundred twenty degrees. At the time of the second surgery, it was noted that she also had a small grade 4 cartilage lesion on the median ridge of the patella, as well as some grade 3 to 4 changes of the medial tibial plateau. The treatment plan has included the request for physical therapy 2 times a week for 6 weeks.

### 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 6 weeks:** 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 rationale:** This patient is status post right knee surgery on 09/19/14 with continued pain. The current request is for Physical therapy 2 times a week for 6 weeks. The RFA is dated 04/24/15. Treatment to date has included medications, diagnostics, bracing, injections, physical therapy, and surgical intervention. The patient is not working. This patient is outside of the post-surgical time-frame. The MTUS Chronic Pain Management Guidelines, 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." Progress report 04/24/2015 documented continued pain of the right knee; in particular, the patient has anterior knee pain. Objective findings included retropatellar tenderness with minimal medial joint line tenderness, and range of motion from zero degrees to one-hundred twenty degrees. The treatment plan was for physical therapy 2 times a week for 6 weeks for re-education and strengthening. The 13 page medical file includes no physical therapy reports. The Utilization review states that the patient has completed 33 post-operative PT following the 09/19/14 surgery. In this case, there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. The treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. Furthermore, the current request for 18 sessions exceeds what is recommended by MTUS. The requested physical therapy is not medically necessary.