MAXIMUS Federal Services

| Case Number: | CM15-0143400 | | |
|---|---|---|---|
| Date Assigned: | 08/04/2015 | Date of Injury: | 11/12/2013 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

## 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 (IW) is a 34-year-old male who sustained an industrial injury on 11-12-2013. Diagnoses include knee strain, sprain; knee enthesopathy; and difficulty walking. Treatment to date has included medications, injections and bracing. According to the progress notes dated 4-1-2015, the IW reported acute flare-up of left knee pain with walking and climbing the stairs at Levi's Stadium. On examination, there was sensory loss at L5-S1, decreased range of motion of the left knee, swollen medial meniscus and subpatella. Anterior drawer sign and McMurray's sign was positive. Varus and valgus stress testing was positive. MRI of the left knee on 4-27-2015 showed a medial meniscus tear and a small joint effusion. Physical therapy notes for the dates of service at issue were not available for review. A request was made for retrospective review for myofascial release and soft tissue mobilization, physical therapy plus ultrasound treatment and physical therapy plus electrical stimulation treatment performed on 6-24-2015 and 6-26-2015; and for physical therapy plus whirlpool treatment performed on 06-26-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for myofascial release/soft tissue (DOS: 06/24/15 & 06/26/15):**
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,25.

**Decision rationale:** Based on the 06/08/15 progress report provided by treating physician, the patient presents with left knee pain. The request is for RETROSPECTIVE REQUEST FOR MYOFASCIAL RELEASE/SOFT TISSUE (DOS: 06/24/15 & 06/26/15). RFA with the retrospective request not provided. Patient's diagnosis on 06/08/15 includes knee sprain/strain, knee enthesopathy, and difficulty walking. Physical examination to the left lower extremity on 06/08/15 revealed decreased range of motion, 0 to 125 degrees. McMurray is with sharp medial joint line pain with minimal crepitus. Positive patella tilt and apprehension tests. MRI of the left knee on 04/27/15 revealed "medial meniscal tear and small effusion." Treatment to date has included surgery, imaging studies, injections, bracing, and medications. The patient is off work, per 04/01/15 report. MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. MTUS post surgical Guidelines, pages 24 and 25, recommends for 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): Postsurgical treatment: 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 4 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. Per 06/08/15 report, treater states the "patient has been authorized for surgery to knee; he is released for pre-surgery therapy will need continued TTD 6-8 weeks will follow up with lumbar completed post surgery." Per 07/08/15 operative report, the patient underwent left knee arthroscopic chondroplasty. In this case, the patient suffers from continued left knee pain and has been authorized for knee surgery, which was subsequently performed. This retrospective request is related to the surgery. MTUS recommends massage therapy and up to 12 visits of PT for this patient have given diagnosis and surgery. This retrospective request appears reasonable. Therefore, the request IS/WAS medically necessary.

**Retrospective request for physical therapy/ultrasound treatment (DOS: 06/24/15 & 06/26/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,25.

**Decision rationale:** Based on the 06/08/15 progress report provided by treating physician, the patient presents with left knee pain. The request is for RETROSPECTIVE REQUEST FOR PHYSICAL THERAPY/ULTRASOUND TREATMENT (DOS: 06/24/15 & 06/26/15). RFA with the retrospective request not provided. Patient's diagnosis on 06/08/15 includes knee

sprain/strain, knee enthesopathy, and difficulty walking. Physical examination to the left lower extremity on 06/08/15 revealed decreased range of motion, 0 to 125 degrees. McMurray's with sharp medial joint line pain with minimal crepitus. Positive patella tilt and apprehension tests. MRI of the left knee on 04/27/15 revealed "medial meniscal tear and small effusion." Treatment to date has included surgery, imaging studies, injections, bracing, and medications. The patient is off work, per 04/01/15 report. MTUS post surgical Guidelines, pages 24 and 25, recommends for 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): Postsurgical treatment: 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 4 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. Per 06/08/15 report, treater states the "patient has been authorized for surgery to knee, he is released for pre-surgery therapy will need continued TTD 6-8 weeks will follow up with lumbar completed post surgery." Per 07/08/15 operative report, the patient underwent left knee arthroscopic chondroplasty. In this case, the patient suffers from continued left knee pain and has been authorized for knee surgery, which was subsequently performed. This retrospective request is related to the surgery. MTUS recommends up to 12 visits of PT for this patient has given diagnosis and surgery. This retrospective request appears reasonable. Therefore, the request IS/WAS medically necessary.

**Retrospective request for physical therapy/electrical stimulation treatment (DOS: 06/24/15 & 06/26/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,25.

**Decision rationale:** Based on the 06/08/15 progress report provided by treating physician, the patient presents with left knee pain. The request is for RETROSPECTIVE REQUEST FOR PHYSICAL THERAPY/ELECTRICAL STIMULATION TREATMENT (DOS: 06/24/15 & 06/26/15). RFA with the retrospective request not provided. Patient's diagnosis on 06/08/15 includes knee sprain/strain, knee enthesopathy, and difficulty walking. Physical examination to the left lower extremity on 06/08/15 revealed decreased range of motion, 0 to 125 degrees. McMurray is with sharp medial joint line pain with minimal crepitus. Positive patella tilt and apprehension tests. MRI of the left knee on 04/27/15 revealed "medial meniscal tear and small effusion." Treatment to date has included surgery, imaging studies, injections, bracing, and medications. The patient is off work, per 04/01/15 report. MTUS post surgical Guidelines, pages 24 and 25, recommends for 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): Postsurgical treatment: 12 visits over 12 weeks *Postsurgical physical medicine treatment period: 4 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. Per 06/08/15 report, treater states the "patient has been authorized for surgery to knee, he is released for pre-surgery therapy will need continued TTD 6-8 weeks will follow up

with lumbar completed post surgery." Per 07/08/15 operative report, the patient underwent left knee arthroscopic chondroplasty. In this case, the patient suffers from continued left knee pain and has been authorized for knee surgery, which was subsequently performed. This retrospective request is related to the surgery. MTUS recommends up to 12 visits of PT for this patient has given diagnosis and surgery. This retrospective request appears reasonable. Therefore, the request IS/WAS medically necessary.

**Retrospective request for physical therapy/whirlpool treatment (DOS: 6/26/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,25.

**Decision rationale:** Based on the 06/08/15 progress report provided by treating physician, the patient presents with left knee pain. The request is for RETROSPECTIVE REQUEST FOR PHYSICAL THERAPY/WHIRLPOOL TREATMENT (DOS: 6/26/15). RFA with the retrospective request not provided. Patient's diagnosis on 06/08/15 includes knee sprain/strain, knee enthesopathy, and difficulty walking. Physical examination to the left lower extremity on 06/08/15 revealed decreased range of motion, 0 to 125 degrees. McMurray is with sharp medial joint line pain with minimal crepitus. Positive patella tilt and apprehension tests. MRI of the left knee on 04/27/15 revealed "medial meniscal tear and small effusion." Treatment to date has included surgery, imaging studies, injections, bracing, and medications. The patient is off work, per 04/01/15 report. MTUS post surgical Guidelines, pages 24 and 25, recommends for 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): Postsurgical treatment: 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 4 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. Per 06/08/15 report, treater states the "patient has been authorized for surgery to knee, he is released for pre-surgery therapy will need continued TTD 6-8 weeks will follow up with lumbar completed post surgery." Per 07/08/15 operative report, the patient underwent left knee arthroscopic chondroplasty. In this case, the patient suffers from continued left knee pain and has been authorized for knee surgery, which was subsequently performed. This retrospective request is related to the surgery. MTUS recommends up to 12 visits of PT for this patient has given diagnosis and surgery. This retrospective request appears reasonable. Therefore, the request IS/WAS medically necessary.