

<b>Case Number:</b>	CM15-0181635		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on 6-10-04. The injured worker was diagnosed as having derangement of meniscus not elsewhere classified; symptomatic osteoarthritis knee; chondromalacia patella; joint pain; medial and lateral meniscus tear. Treatment to date has included physical therapy; status post right knee arthroscopy, resection torn medial and lateral menisectomy, chondroplasty patellofemoral joint, extensive synovectomy (7-21-15); medications. Diagnostics studies included MRI right knee (7-1-14). Currently, the PR-2 notes dated 7-30-15 indicated the injured worker complains of postoperative knee pain. He is a status post right knee arthroscopy, resection torn medial and lateral menisectomy, chondroplasty patellofemoral joint, extensive synovectomy on 7-21-15. He is being seen on this day as a follow-up evaluation since his surgery. The provider documents "He did not have any intraoperative or postoperative complications. He states his swelling and his knee went down after the second day and his knee pain has improved." The provider notes his intraoperative findings "diffuse grade 3 degenerative osteophyte of the patellofemoral joint of the right knee and diffuse grade 3 degenerative osteophyte detritus medial compartment right knee." Current medications are listed as: Aspirin 81mg tablet, delayed release; Lisinopril 10mg; Zolpidem 10mg. Physical Examination is documented by the provider as: "Range of motion of the right knee is 0-130 degrees flexion. The arthroscopic incisions are healing well and there is no redness erythema or drainage or sign of infection. There is minimal swelling to the right knee. Ligamentous examination the right knee is normal. Sensation, motor function circulation normal to the right lower extremity and there is no calf tenderness or sign of deep view thrombosis." The provider's assessment and Plan included a discussion of fall prevention, weight loss, reviewed the findings and diagnosis of "osteoarthritis" and treatment options. He reviewed pertinent

radiographs and diagnostic studies and requested postoperative physical therapy 12 visits to include "range of motion, rehabilitation and strengthening of his right knee following the arthroscopic surgery". The provider submitted pre-operative medical documentation, History and Physical, operative record and discharge records. A Request for Authorization is dated 9-15-15. A Utilization Review letter is dated 8-17-15 and non-certification was for Postoperative physical therapy, 12 visits - twice weekly for 6 weeks, right knee, per 7-30-2015 order. Utilization Review requested additional information dated 8-10-15 stating, "in order to proceed with the medical necessity, the operative report and current physical therapy note with total number of post-operative physical therapy visits completed were required." Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. The provider is requesting authorization of Postoperative physical therapy, 12 visits - twice weekly for 6 weeks, right knee, per 7-30-2015 order.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Postoperative physical therapy, twice weekly for 6 weeks, right knee, per 7/30/2015 order Qty: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2004 and underwent right knee arthroscopic surgery with meniscectomy, chondroplasty, and synovectomy in July 2015. When seen, there had been no postoperative complications. Physical examination findings included full knee extension with flexion of 130 degrees. There was minimal swelling. Authorization for 12 sessions of postoperative physical therapy was requested. His body mass index is over 43. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and what would be expected to determine whether further therapy was needed or likely to be effective. The request is not considered medically necessary.