

<b>Case Number:</b>	CM15-0196855		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 55 year old male, who sustained an industrial injury on 6-12-12. The injured worker is diagnosed with right knee mild to moderate degenerative joint disease, right knee chondromalacia patella and post right knee arthroscopy and medial meniscectomy. His work status is temporary total disability. Notes dated 7-27-15 - 9-24-15 reveals the injured worker presented with complaints of persistent, severe (at times) right knee pain described as throbbing and rated at 6-7 out of 10. He reports a sleep disturbance due to the pain. A physical examination dated 7-27-15 - 9-1-15 revealed right knee swelling, tenderness to palpation at the medial joint line and painful range of motion. The knee joint is stable and tracks well with range of motion. Notes dated 7-27-15 - 9-24-15 reveals treatment to date has included right knee arthroscopy and medial meniscectomy, which increased his pain, swelling and stiffness; exercise, which is limited due to pain; chiropractic therapy helped reduce his pain; acupuncture helped relax his muscles and increased his activity level; physical therapy (12 post-operative sessions) provided minimal relief; medications decrease his pain temporarily by 60%, which allows him to increase his ability to walk by 30 minutes and a cortisone injection provided 60% relief for 3 months. A physical therapy note dated 7-1-15 reveals continued pain and recommends continued therapy medications. Diagnostic studies to date have included right knee MRI (1-20-15) and right knee x-rays. A request for authorization dated 9-1-15 for continued post-operative physical therapy (2 times a week for 6 weeks) for the right knee is non-certified, per Utilization Review letter dated 9-24-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued post-op physical therapy, 2 times a week for 6 weeks, for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The patient was injured on 06/12/12 and presents with low back pain and right knee pain. The request is for continued post-op physical therapy, 2 times a week for 6 weeks, for the right knee. The RFA is dated 09/01/15 and he is not currently working. On 05/11/15, the patient underwent right knee arthroscopy and medial meniscectomy. MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with right knee mild to moderate degenerative joint disease, right knee chondromalacia patella and post right knee arthroscopy and medial meniscectomy. The patient underwent right knee arthroscopy and medial meniscectomy on 05/11/15. The 09/24/15 report states that the patient has increased right knee pain, swelling, stiffness, and he completed 12 sessions of physical therapy with minimal relief. The patient is now out of the post-surgical time frame; therefore, MTUS Guidelines pages 98-99 were referred to. In this case, the patient had minimal relief with prior physical therapy and there is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Furthermore, the requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. The request is not medically necessary.