

<b>Case Number:</b>	CM15-0200447		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 60 year old male who sustained an industrial injury on 7-9-11. The injured worker reported right knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right knee medial meniscal tear. Medical records dated 6-11-15 "ongoing anterior medial knee pain." Provider documentation dated 4-10-15 noted the work status as "He is off work but could perform sedentary work at a desk." Treatment has included right knee radiographic studies (6-10-15), Norco since at least April of 2015, Ibuprofen since at least January of 2015, use of a crutch for ambulation, at least 12 sessions of physical therapy, and right knee magnetic resonance imaging (3-17-15). Objective findings dated 6-11-15 were notable for patellofemoral crepitation, medial joint line tenderness, and positive McMurray's sign. The original utilization review (10-7-15) denied a request for continued post-operative physical therapy right knee 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:

**Continued post operative physical therapy right knee 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

**Decision rationale:** The patient presents with ongoing anterior medial knee pain. The request is for Continued post operative physical therapy right knee 2 times a week for 6 weeks. The request for authorization is not provided. The patient is status post RIGHT knee arthroscopic multi-compartment synovectomy, partial medial and lateral meniscectomy, 07/2015. MRI of the RIGHT knee, 03/17/15, shows tri-compartment osteoarthritis particularly affecting the medial compartment; popliteal cyst with contained 9 mm loose body and smaller debris; tear of the posterior horn and mid zone of the medial meniscus including radial defect near the root ligament insertion with a displaced fragment; oblique tear of the inner free edge of the mid zone of the lateral meniscus; grade 1 MCL sprain. X-ray of the RIGHT knee, 06/10/15, shows mild degenerative changes of the RIGHT knee are present; stable ossific density, which is likely a loose body in the popliteal cyst. Physical examination of the RIGHT knee reveals his range of motion is 0 to 130 degrees. He has no patella instability or apprehension. He has moderate patellofemoral crepitation. He has medial joint line tenderness. McMurray's is positive with varus stress. No lateral joint line tenderness. The knee is stable to anterior, posterior, medial, and lateral stress. The patient's work status is not provided. MTUS post-surgical guidelines, pages 24-25, Knee Section recommends: "Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks Postsurgical physical medicine treatment period: 6 months." Treater does not discuss the request. The patient is status post RIGHT knee surgery, 07/2015. The patient is still within the postsurgical treatment period. And patient continues with right knee pain. Given the patient's condition, continued short course of physical therapy would appear to be indicated. However, per physical therapy report dated 09/09/15, treater states, "[Patient] has attended 12 physical therapy visits between the dates of 7/23/15 and 9/9/15." In this case, the request for 12 additional visits of Physical Therapy would exceed what is recommended by MTUS for this postsurgical condition. Therefore, the request is not medically necessary.