

<b>Case Number:</b>	CM15-0027859		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 49 year old female who sustained an industrial injury on November 25, 2005. She has reported left knee pain and has been diagnosed with left knee medial meniscus tear status post medial meniscectomy, left knee osteoarthritis, left knee chondromalacia, right knee medial meniscus tear, and right knee osteoarthritis. Treatment has included medications, surgery, physical therapy, and orthovisc injections. Currently the injured worker had tenderness to palpation over the medial joint. Apley compression was positive as well as McMurray test. The treatment plan included a referral for pain management and therapy for the left knee.

### 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 8 Weeks for The Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with low back and left knee pain, rated 7/10. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 8 WEEKS FOR THE LEFT KNEE. The RFA provided is dated 11/11/14 and the date of injury was 11/25/05. The patient's diagnoses, per 10/31/14 treater report, included left knee medial meniscus tear status post medial meniscectomy (04/2013), left knee osteoarthritis, left knee chondromalacia, right knee medial meniscus tear, lumbar radiculopathy and right knee osteoarthritis. Per treater report dated 11/11/14, physical examination to the left knee revealed tenderness to palpation over the medial joint and moderate tenderness over hamstring tendons. Decreased range of motion, especially on extension, 0 degrees. The patient last worked on 04/15/13 and has since been declared temporarily totally disabled. MTUS 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." Treater has not provided a reason for request. The patient has completed 3 physical therapy session with mild relief in her symptoms, per 11/11/14 report. Given patient's diagnosis, a short course of physical therapy would be indicated. However, MTUS states, "For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Therefore, the request for 16 exceeds guideline recommendations and is not medically necessary.

**Follow-Up in 4 Weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Based on the 11/11/14 progress report, the patient presents with low back and left knee pain, rated 7/10. The primary treating physician has requested for FOLLOW-UP IN 4 WEEKS. The patient's diagnoses, per 10/31/14 treater report, included left knee medial meniscus tear status post medial meniscectomy (04/2013), left knee osteoarthritis, left knee chondromalacia, right knee medial meniscus tear, lumbar radiculopathy and right knee osteoarthritis. Follow-up visits are required per State Labor Codes and Regulations rather than the utilization reviewer's personal opinion. The patient last worked on 04/15/13 and has since been declared temporarily totally disabled. MTUS/ACOEM Topics, chapter 12, Low Back, page 303, for Follow-up Visits: Patients with potentially work-related low back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up can occur when a release to modified, increased, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. The request for the 4-week follow-up

is in direct accordance with State Rules and Regulations, and the MTUS guidelines for monitoring opioid use. The request for the four-week follow-up appointment is medically necessary.