

<b>Case Number:</b>	CM15-0029794		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 52-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 20, 2012. In a Utilization Review Report dated January 29, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the knee. The claims administrator noted that the applicant had undergone two prior knee arthroscopies on March 6, 2014 and November 20, 2014. An appeal letter of November 12, 2014 and a progress note of January 7, 2015 were referenced in the determination. The claims administrator contended that the applicant had already received 12 sessions of postoperative physical therapy following the most recent knee surgery. The applicant's attorney subsequently appealed. On August 30, 2014, the applicant was given refills of naproxen, Flexeril, and tramadol and placed off of work, on total temporary disability. In an RFA form dated January 26, 2015, Norco was renewed. In a physical therapy progress note dated January 22, 2015, it was stated that the applicant had completed 11 sessions of physical therapy through this point in time. The applicant still reported continued buckling about the knee and was only able to walk short distances. Difficulty negotiating stairs was also evident. In a progress note dated January 7, 2015, the applicant was placed off of work, on total temporary disability, while 12 additional sessions of postoperative physical therapy were endorsed. Norco was renewed. The attending provider stated that additional postoperative physical therapy would include modalities such as ultrasound and massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x a week x 4 weeks for the left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3. Postsurgical Treatment Guidelines (c) Postsurgical Patient Management (5) (C) Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks 9792.24.3. Postsurgical Treatment Guidelines (c) Postsurgical Patient Management (4) (B).

**Decision rationale:** No, the request for 12 sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. The applicant has already had prior treatment (12 sessions, per the claims administrator), seemingly consistent with the 12-session course recommended in the MTUS Postsurgical Treatment Guidelines following knee meniscectomy surgery, as apparently transpired here. This recommendation is further qualified by commentary made in MTUS 9792.24.3.c.4b to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants who fail to demonstrate functional improvement. Here, the applicant was/is off of work, on total temporary disability, as of the date of the request. The applicant remained dependent on opioid agents such as Norco, which the applicant was apparently using at a rate of three to four times daily. The applicant was having difficulty negotiating stairs and reported that his knee was still buckling. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of 12 prior sessions of physical therapy. MTUS 9792.24.3.c.5b further notes that usage of modalities should be minimized in favor of active physical rehabilitation. The attending provider, however, sought authorization for further passive modalities, to include massage and ultrasound. The request, thus, is at odds with several MTUS principles and parameters. Therefore, the request was not medically necessary.