

<b>Case Number:</b>	CM15-0221469		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 43 year old male, who sustained an industrial injury on 9-19-2014. The injured worker was diagnosed as having right knee internal derangement, status post arthroscopic surgery. Treatment to date has included diagnostics, right knee arthroscopic surgery with lateral and medial meniscectomies and lateral femoral condyle chondroplasty 4-22-2015, physical therapy, and medications. On 9-22-2015, the injured worker complains of continued pain in his right knee, aggravated by any type of weight bearing or when he bends-extends the knee. He also reported low back pain with radiation down both lower extremities and neck pain with radiation down both upper extremities. His knee pain was rated 8 out of 10 (rated 8-9 out of 10 on 8-05-2015 and 6-16-2015), back pain was rated 7 out of 10, and neck pain was not rated. He stated that overall, "the pain does limit his activities of daily living". Medication use included Norco, Meloxicam, and Ultram. Exam of the right knee noted a well-healed portal scar with soft tissue swelling, positive McMurray's test, and range of motion -5 to 100 degrees. Exam of the lumbar spine noted that motor strength was 4 of 5 in knee flexion and extension. Magnetic resonance imaging of the lumbar spine (8-12-2015) showed "overall appearance is normal for the patient's age". Work status was total temporary disability. The treatment plan included additional physical therapy, noting that he was making "steady functional gains". The medical records support at least 25 physical therapy sessions post-operatively. On 10-14-2015 Utilization Review non-certified a request for physical therapy for the right knee, 2x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy right knee twice a week for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in September 2014 when he slipped and fell. He injured his right knee with a lateral meniscus tear and sprained medial collateral ligament. He underwent arthroscopic surgery in April 2015. He was seen in September 2015 for a second opinion. He had received postoperative physical therapy but remained symptomatic. He was having right knee, radiating neck, and radiating low back pain. Physical examination findings included appearing in mild to moderate distress. There was an antalgic gait. He had decreased right knee range of motion with positive McMurray's testing. He had left trochanteric tenderness. There was cervical and lumbar paraspinal tenderness with numerous trigger points and decreased range of motion with muscle guarding. Right lower extremity strength testing was limited due to right knee pain. There was decreased right lower extremity sensation with positive straight leg raising. As of 09/08/15, there had been 24 postoperative physical therapy treatments. Additional physical therapy is being requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended after this procedure. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. The request is not medically necessary.