

<b>Case Number:</b>	CM15-0222261		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 65 year old female who sustained an industrial injury on 02-05-2010. Medical records indicated the worker was treated for right knee pain. In the provider notes of 10-06-2015 the injured worker is seen status post right knee scope, debridement, chondroplasty, and tricompartmental cartilage (09-04-2015). The worker is using a cane as she had new onset right shoulder pain aggravated with crutches. On exam, her extension is zero degrees. Knee flexion is 110 degrees. Motor strength is 5+ in quad and hamstring. The plan of care is for the continuation of formal physical therapy to work on quad strengthening and range of motion. The worker reported itchiness with Percocet for pain, She was given a prescription for Norco. A request for authorization was submitted for: 1. Norco 10/325 mg #45. 2. Physical therapy 2 times a week for 6 weeks. A utilization review decision 10-19-2015 modified the request to approve: Norco 10/325 mg #45; Physical therapy 4 visits over no more than 6 weeks.

### 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 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** The 65 year old patient is status post right knee scope debridement, chondroplasty, and tricompartmental cartilage wear on 09/04/15, as per progress report dated 10/06/15. The request is for physical therapy 2 times a week for 6 weeks. The RFA for this case is dated 10/14/15, and the patient's date of injury is 02/05/10. The patient also complains of new-onset right shoulder pain due to the use of crutches, as per progress report dated 10/06/15. The patient is taking Norco for pain relief. As per progress report dated 09/09/15, the patient is status post left knee scope and is scheduled start physical therapy. As per progress report dated 04/21/15, the patient has history of right Achilles tendon repair and left knee chondromalacia. The patient is off work, as per progress report dated 09/04/15. MTUS post-surgical guidelines for Knee, pages 24-25 states: "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Knee 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): 2 visits over 12 weeks- Postsurgical physical medicine treatment period: 6 months." For Chondromalacia of patella, Knee postsurgical treatment, page 24-25: 12 visits over 12 weeks with a postsurgical physical medicine treatment period: 4 months In this case, request for physical therapy "to work on quad strengthening and range of motion" is noted in progress report dated 10/06/15. While progress report dated 09/09/15 indicates that the patient is scheduled to start physical therapy, none of the reports available for review document the number of sessions completed until now. The Utilization Review denial letter, nonetheless, states that the patient has had eight sessions until now. The reports do not document the efficacy of prior post-operative therapy. Additionally, MTUS allows for only 12 sessions of PT in patient undergoing knee arthroscopy, and the treater's request for 12 additional sessions exceeds that limit. Hence, the request is not medically necessary.