

<b>Case Number:</b>	CM15-0086382		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 injured worker is a 56 year old female, who sustained an industrial injury on 01/27/2013. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs, right knee surgery, and physical therapy. Currently, the injured worker presented for a right knee post-operative evaluation with complaints of continued pain at the inferior pole of the patella with effusion after exercising and popping. The injured worker denied locking/catching and instability. The injured worker was reported to be 5 months post-op after undergoing a right knee arthroscopy with partial medial and lateral meniscectomies. The injured worker had been attending physical therapy and performing home exercises with good improvement since the surgery. The injured reported taking Tylenol #3 as needed, and Voltaren gel for pain relief. The diagnoses include medial and lateral meniscus tear of the knee, chondromalacia patellae, joint effusion left leg, and joint pain left leg. The request for authorization included 12 sessions of physical therapy for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
 Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient underwent arthroscopic knee surgery. The postsurgical treatment is 12 physical medicine visits over 12 weeks with postsurgical physical medicine treatment period of 6 months. The patient had completed the postsurgical treatment. Additional visits were requested. There is no documentation of objective evidence of functional improvement. The lack of documentation does not allow determination of efficacy. The request is not medically necessary.