

<b>Case Number:</b>	CM14-0114334		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/10/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old male who has submitted a claim for left knee internal derangement status post arthroscopy and meniscectomy associated with an industrial injury date of 7/10/2010. Medical records from 2014 were reviewed. Patient complained of left knee pain, graded 7/10 in severity, nine months status post-surgery. Aggravating factors included exercise, and prolonged walking. Patient denied locking, popping, and clicking sensation. Physical exam showed left knee flexion at 80 degrees, extension at 160 degrees, positive McMurray's sign, intact sensation, and normal motor strength. Treatment to date has included left knee arthroscopy on 12/9/2013, left knee arthroscopy with partial medial meniscectomy on 3/2/2011, 8 postoperative physical therapy visits, home exercise program, and medications. Utilization review from 7/10/2014 denied the request for postoperative physical therapy 2 times a week for 4 weeks to the left knee because of no documented functional gains from previous therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy 2 times a week for 4 weeks, left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** CA MTUS Post-Surgical Treatment Guidelines recommend 12 visits over 12 weeks of post-operative physical therapy for dislocation of knee, tear of medial/lateral cartilage/meniscus of knee, and dislocation of patella. Furthermore, as stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient underwent left knee arthroscopy with partial medial meniscectomy on 3/2/2011, and subsequent left knee arthroscopy on 12/9/2013. Patient had completed 8 postoperative physical therapy visits and was transitioned into a home exercise program. He complained of persistent left knee pain corroborated by left knee flexion measuring 80 degrees, extension at 160 degrees, positive McMurray's sign, intact sensation, and normal motor strength. However, there was no documented functional gain from previous therapy sessions. It was likewise undetermined why residual deficits cannot be managed by home exercise program. The recommended number of therapy visits likewise exceeded guideline recommendation given that patient was able to complete the initial 8 sessions. The medical necessity cannot be established due to insufficient information. Therefore, the request for Post-Op Physical Therapy 2 times a week for 4 weeks, left knee is not medically necessary.