

<b>Case Number:</b>	CM14-0147607		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

Injured worker is a female with a date of injury 6/21/2012. Per comprehensive follow up orthopedic examination dated 7/14/2014, the injured worker complains of pain to the left knee, swelling to the left knee, instability with bending, and stiffness improved but she experiences locking sensation, which she feels inferior to the left patella. Examination of the left knee reveals mild tenderness and swelling over the medial and lateral joint lines and patella. McMurray test and Apley test are negative. There is no laxity of the anterior cruciate ligament. The neurovascular exam is normal. There is painful pivot shift test and painful varus stress test. There is tenderness over the patella, about the anterior aspect, about the lateral aspect and about the medial aspect. There is a well healed surgical scar. There is a trace effusion with swelling. Left knee flexion is 110/140 degrees, and motor strength is 4/5 with flexors and extensors. Diagnoses include 1) meniscus tear of the left knee 2) ACL tear 3) loose body in knee 4) joint contracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Left Knee, three (3) times a week for (4) weeks:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The requesting physician explains that physical therapy is requested to increase flexibility, range of motion and strength to include modalities, therapeutic exercises and work conditioning. The follow up note dated 8/15/2014 appeals the decision to not approve physical therapy, but no additional information was provided. The injured worker is noted to have had at least 12 sessions of physical therapy already following her arthroscopic surgery on 2/4/2014. The MTUS Guidelines recommend 12 sessions of post-surgical physical medicine over 10 weeks. The post-surgical physical medicine treatment period is 4 months. Since the injured worker is outside the post-surgical treatment period, the chronic pain medical treatment guidelines apply. The injured worker is noted to have had physical medical treatment prior to her surgery as well. The cumulative therapy should be sufficient to have prepared her for a home exercise program. The injured worker still has some sense of instability, reduced range of motion, and some pain, but this alone doesn't justify additional therapy when an ongoing home exercise program should provide the rehabilitation that is needed. The number of sessions requested is also in excess of those recommended by the MTUS Guidelines. The request for Physical Therapy for the Left Knee, three (3) times a week for (4) weeks are determined to not be medically necessary.