

<b>Case Number:</b>	CM14-0162143		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/14/2001
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Internal Medicine and is licensed to practice in Georgia. 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 injured worker is a 61-year-old male, who reported an injury on 08/14/2001 while working as a truck builder/welder. He was getting down from a truck, stepped on a running board, and his feet slipped off, causing him to fall off the truck, landing on his knees. The injured worker complained of left knee pain that was rated a 7/10 using the VAS. The injured worker had diagnosis of left knee sprain. The MRI of the left knee, dated 10/01/2001, revealed a posterior horn medial meniscus tear. Prior surgeries included a left knee arthroscopy performed on 01/09/2002. Prior treatments included a knee brace, 6 treatments of physical therapy, corticosteroid injections, and chiropractic therapy and acupuncture. No medications were being prescribed for the injured worker. The physical examination, dated 06/30/2014, revealed an antalgic gait with a stereotypic Popeye deformity noted to bilateral knees, ambulated with a curvature and an almost rolling gait. The physical therapy notes, dated 08/19/2014, revealed flexion of 120 degrees with crepitus and a positive McMurray's. The deep tendon reflexes were 2+ bilaterally. Normal sensory. The treatment plan included physical therapy to the left knee. The Request for Authorization, dated 10/07/2014, was submitted within documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Manual therapy & manipulation. Decision based on Non-MTUS Citation

Official Disability Guidelines - Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The request for physical therapy to the left knee is not medically necessary. The California MTUS indicates that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for a total knee arthroplasty results in a small to moderate short-term, but not long-term, benefit. In the short term, therapy interventions with exercise based on functional activities may be more effective after a total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint daily. Accelerated perioperative care and rehabilitation interventions after hip and knee arthroplasty reduces mean hospital length of stay. Postsurgical treatment is 24 visits over 6 weeks and a treatment period of 6 months. The documentation did not provide the physical therapy notes for review. The clinical notes did not provide objective findings from the physician or the provider that warrant additional physical therapy. As such, the request is not medically necessary.