

<b>Case Number:</b>	CM14-0180708		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Orthopedic Surgery and is licensed to practice in Louisiana. 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 54-year-old male who reported an injury on 08/19/2013 while working at [REDACTED], he performed various jobs. While at work, he pulled some merchandise, put pressure on his right knee and he felt pain, injuring the right knee. The diagnosis included osteoarthritis of the right knee, right knee joint pain, and osteochondritis dissecans of the right knee. Prior treatment included physical therapy, medication, and a cane. The injured worker had a right knee arthroscopy status post-surgery and osteoarthritis dated 02/18/2014. The MRI of the right knee of unknown date revealed postsurgical changes at the osteochondral fragment removal with microfracture of the lateral femoral condyle; postsurgical changes of the patellar chondroplasty; mild chondromalacia of the medial femoral condyle, and inferior trochlear cartilage. The physical examination of the right knee dated 11/07/2014 revealed tenderness to palpation over the medial joint line, no patellar subluxation or tenderness was noted; no tenderness or deformity of the popliteal fossa was noted; no joint fusion was present. Range of motion was normal bilaterally. Muscle strength and tone: no atrophy, lesions, or asymmetry of the quadriceps muscles was noted. Muscle strength was noted at a 5/5 bilateral lower extremities. The neurological examination revealed patellar and Achilles deep tendon reflexes were 2/2+. Sensation was intact. Medications included a Toradol injection. Treatment plan included additional physical therapy. The Request for Authorization dated 11/05/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for three weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request for physical therapy 2 times a week for 3 weeks for the right knee is not medically necessary. The California MTUS indicates that controversy exists about the effectiveness of therapy over arthroscopic partial meniscectomy. Functional exercises after hospital discharge for a total knee arthroplasty result in a small to moderate short term, but not long term, benefit. In the short term, therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on the isometric muscle exercises and exercises to increase range of motion in the joint. The guidelines indicate 12 visits for meniscectomy over a 12 week period for postsurgical physical medicine treatment for a period of 6 months. The clinical notes indicate that the injured worker had postop physical therapy for at least 7 visits. The guidelines indicate 12 post-operative visits, The injured worker has had at least 7 visits, with a request for an additional 12, which exceeds the guidelines. Additionally, the documentation did not provide any special circumstances to warrant additional physical therapy. As such, the request is not medically necessary.