

<b>Case Number:</b>	CM14-0188341		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Pennsylvania. 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:

This is a 57 year-old female who has reported right knee pain after falling on 9/24/2014. The diagnosis is a sprain of the right knee. Acute treatment included a knee immobilizer, ibuprofen, tramadol, meloxicam, physical therapy, and a "temporarily totally disabled" work status. The initial course of physical therapy was 9 visits, per a Request for Authorization of 10/7/14, and 6 visits per the prescription of 9/29/14. Slow improvement was documented during October 2014, and as of 10/27/14 work status was changed to "full duty". There was mild knee pain with prolonged standing, mild tenderness, and 120 degrees of flexion. Meloxicam and 6 visits of physical therapy were prescribed. As of 11/3/14 range of motion was 130 degrees in flexion, improvement continued, and work status continued as full duty. On 11/11/14 pain was ongoing and not improved, unspecified medications were used daily, and 9 visits of physical therapy were attended. The injured worker was referred to an orthopedic surgeon. None of the physician reports discuss the quantity of physical therapy visits, results of those visits, or the specific indications for additional physical therapy. On 11/1/14 Utilization Review denied prescriptions for meloxicam and an additional 6 visits of physical therapy, noting the lack of functional improvement after the prior course of physical therapy and the lack of knee osteoarthritis. The MTUS was cited in support of the decisions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(6) Sessions of Physical Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter physical therapy

**Decision rationale:** The physical therapy in question was prescribed during the acute injury phase. The ACOEM Guidelines portion of the MTUS is the applicable section for determining medical necessity. The ACOEM Guidelines pages 337-339, knee; recommend a few visits with a physical therapist for instructions in self-care and exercise. After a few physical therapy visits, patients should be able to exercise and perform self-care independently. Another evidence based guideline, the Official Disability Guidelines, recommends a maximum of 9 physical therapy visits. The Official Disability Guidelines also recommend that 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). The 6 visits of physical therapy already completed at the time of the prescription in question should be adequate to fulfill the recommendations of the ACOEM Guidelines and the Official Disability Guidelines. The current prescription for 6 more visits exceeds the quantity recommended in the MTUS (1-2 visits), and in the Official Disability Guidelines (a 6 visit trial, up to 9 visits maximum). There is no specific benefit from the physical therapy completed to date. Gradual improvement can be expected with or without physical therapy, as knee pain can be expected to resolve gradually over time with no medical treatment at all. This injured worker should have had sufficient experience with physical therapy to perform independent exercise and self-care after 6 visits. The treating physician did not provide any specific indications for additional physical therapy. Range of motion was good, clinical findings were minimal, and work status was full duty. No additional physical therapy is medically necessary based on completion of a course of physical therapy in compliance with the MTUS and the Official Disability Guidelines, and lack of specific medical necessity for another course of physical therapy. Therefore the request is not medically necessary.

**(1) Prescription of Meloxicam 7.5mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (meloicam) NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 238, 346.

**Decision rationale:** Meloxicam was prescribed during the acute injury phase. The ACOEM Guidelines address acute injury treatment and are the applicable MTUS guidelines for this review. The Utilization Review did not discuss the recommendations of the ACOEM Guidelines. The ACOEM Guidelines, per the pages cited above, recommend NSAIDs for treatment of knee pain and injury. The treating physician noted ongoing use of prescribed medications, presumably meloxicam. There was no evidence of prescribing excessive quantities or prescribing outside of guideline recommendations. While taking meloxicam, function improved and the injured worker

returned to full duty. The prescription for additional meloxicam is therefore medically necessary and consistent with the MTUS recommendations.