

<b>Case Number:</b>	CM14-0215180		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 66-year-old man with a date of injury of February 15, 2002. The mechanism of injury occurred when a student pushed him. He was diagnosed with a tear of the lateral cartilage or meniscus of the right knee. A request was made for 12 physical therapy (PT) sessions of the right knee. He underwent right knee arthroscopy in 2002, and medial and lateral meniscus debridement, three compartment chondroplasty, and tibial spur resection/abrasion chondroplasty with grade 4 lateral changes on May 9, 2011. Prior treatments have included medications, injections, and prior PT, which gave transient improvement. Pursuant to the progress note dated November 13, 2014, the IW complains of right knee pain. Medications include coQ10, Ibuprofen 200mg, Mobic 15mg, Norco 10mg, and Vitamin D3. Examination of the right knee reveals well-healed arthroscopic portal scars. There was trace effusion. Range of motion was 5 to 155 degrees. There was moderate to severe patellofemoral crepitus noted. There was medial and lateral joint line tenderness. PT was recommended. The total number of PT sessions to date was not documented. There were PT notes in the medical record from April 2014 and May 2014, however, there was no evidence of objective functional improvement documented. The current request is for 12 physical therapy visits for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits for right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Physical Medicine Guidelines, Dislocation of knee

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee Section, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 12 visits to the right knee are not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and or number of visits exceeds the guideline, exceptional factors should be noted. The official disability guidelines enumerate the frequency and duration of physical therapy according to the injuries sustained. In this case, the injured worker was diagnosed with a tear of the lateral cartilage or meniscus of the right knee. Physical therapy was recommended, however the total number of sessions rendered and received were not documented in the medical record. The physical therapy notes but no evidence of objective functional improvement. Additional physical therapy is indicated when exceptional factors were compelling clinical facts warrant additional physical therapy. There are no compelling facts noted in the medical record. Consequently, absent clinical documentation to support additional physical therapy, evidence of objective functional improvement prior physical therapy, physical therapy times 12 visits to the right knee are not medically necessary.