

<b>Case Number:</b>	CM15-0042512		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 sustained an industrial injury on October 8, 2010. The injured worker was diagnosed as having internal derangement left knee. Treatment to date has included physical therapy, home exercises, knee brace, ice, cortisone injections and arthroscopic surgery. A progress note dated January 27, 2015 the injured worker complains of severe left knee pain, popping, locking and giving way. Physical exam notes tenderness with swelling, range of motion (ROM) is limited, McMurray test is positive and Lachman test is negative. X-ray and magnetic resonance imaging (MRI) were noted. Recommendation is for arthroscopic surgery, preoperative evaluation, and postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy, 20 visits, Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** Patient presents with constant and severe left knee pain, with popping, locking and the giving way of the knee. The request is for POST-OPERATIVE PHYSICAL THERAPY, 20 VISITS, LEFT KNEE . Patient is status post left knee arthroscopy with partial medial meniscectomy 08/19/11. Per RFA dated 02/05/15, patient's diagnosis included internal derangement of knee, sprains/strains of the knee and chondromalacia of the patella. Physical examination of the left knee on 01/27/15 revealed 3+ swelling with tenderness to palpation, and range of motion 10 to 95 degrees. Patient's X-ray of left knee revealed narrowing of medial joint, and the MRI of left knee revealed a bilateral tear of the meniscus, per 01/27/15 progress report. Treatment to date has included physical therapy, home exercise program, knee bracing, icing and corticosteroid injections, per treater report dated 01/27/15. The patient may work with restrictions, per treater report dated 01/27/15. MTUS guidelines, pages 24-25, recommend 12 visits over 12 weeks in patients who have undergone meniscectomy, The postsurgical physical medicine treatment period is 6 months. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 01/27/15, treater states "Authorization is requested for arthroscopic surgery to the left knee with partial medial and partial lateral meniscectomy and debridement, for preoperative evaluation and clearance for surgery, and for postoperative courses of physical therapy for 20 visits based upon reasonable and necessary treatment requirements." UR letter dated 02/05/15 states "A recommendation was made to modify the request from 20 post-operative physical therapy visits to 6 sessions." Per UR letter dated 02/12/15 arthroscopic surgery to the left knee was authorized and treater agreed to modify request for postoperative physical therapy to 6 initial visits. The request for 20 sessions of physical therapy per RFA dated 02/05/15 exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.