

<b>Case Number:</b>	CM15-0099318		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/13/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 48-year-old female, who sustained an industrial injury on September 13, 2003. She reported sudden back pain. The injured worker was diagnosed as having status post left knee arthroscopy with partial medial meniscectomy and excision. On September 16, 2014, an MRI of the left knee revealed a medial meniscus tear of the posterior horn. On January 6, 2015, x-rays of the left knee were unremarkable. Treatment to date has included preoperative physical therapy and medications including pain, muscle relaxant, and anti-epilepsy. On May 1, 2015, the injured worker complains of persistent left knee pain and swelling. She continues to use her crutches for ambulation. She underwent left knee arthroscopic surgery on March 30, 2015. She has not started physical therapy yet. The physical exam revealed normal sensation, normal motor strength, intact neurovascular status, full range of motion, and 2+ pitting edema in the ankle. The injured worker's work status is temporarily totally disabled. The treatment plan includes physical therapy. On May 1, 2015, she was sent to the emergency department for a venous Doppler study of her left leg, which was negative for a deep vein thrombosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain and swelling in the left knee. The request is for 3 x 4 sessions of physical therapy. Patient is status post left knee surgery 03/30/15. Physical examination to the left knee on 04/29/15 revealed tenderness to palpation to the joint line, pain with range of motion, patellofemoral crepitation. Per 04/01/15 progress report, patient's diagnosis include s/p left knee arthroscopy with partial medial meniscectomy and excision of plica, date of service 3/30/2015, bone-on-bone in the lateral compartment, left knee, persistent ankle swelling or dvt. Patient's medication per 04/29/15 progress report includes Oxycodone. Patient is temporarily totally disabled. MTUS guidelines, pages 24-25, recommend 12 visits over 12 weeks for meniscectomy though do not provide a specific amount for total knee arthroplasty. 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. "In progress report dated 05/01/15, provider states that the patient needs physical therapy and that she still hasn't gone to physical therapy. The request is for 12 sessions of physical therapy. UR letter dated 05/13/15 has modified the request to 6 sessions. In review of the medical records provided, there are no records of prior physical therapy treatments. The patient is within post-operative time frame, as the knee surgery was on 03/30/15. In this case, the request appears to be reasonable and is supported by the guidelines. Therefore, it is medically necessary.