

<b>Case Number:</b>	CM13-0003611		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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 New York. 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 patient is a male with a date of injury of 05/23/2013. There were no office visits provided for review. He is scheduled to have right knee arthroscopic cartilage repair with debridement. Each of the forms request 12 (3/week X 4 weeks) post operative physical therapy visits; yet the request for this review is probably an error for 18 visits (3/week X 6 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT PHYSICAL THERAPY THREE(3)TIMES A WEEK TIMES SIX(6) WEEKS TO THE RIGHT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee/Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 13 Knee Complaints Page(s): 24.

**Decision rationale:** MTUS ACOEM for post operative physical therapy for knee cartilage (meniscectomy), page 24 allows for a maximum of 12 physical therapy visits. That is the requested number of post operative visits, not 18. Approve 12 post operative physical therapy visits as this request is consistent with MTUS guidelines.

