

<b>Case Number:</b>	CM13-0006468		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California, Texas, and Wisconsin. 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 physician 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 53 year old male with date of injury of 8/8/11 secondary to walking into a hole injuring his knee. The patient underwent right knee arthroscopy with partial medical meniscectomy on 3/8/13 and had 18 sessions of post op physical therapy. On 9/25/13 the patient complained of discomfort in the medial portal. The patient had an injection in the past which did not help. Exam showed full range of motion, normal gait, normal adult valgus, and a normal neuro exam. Ligamentous tests were negative. Patient was declared permanent and stationary on 9/25/13. On 11/20/13, patient had a recheck. Physician stated "I do not see anything serious".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The patient had 18 visits of physical therapy (PT) post op. The patient was beyond the 4 month window of postsurgical physical medicine. There was no evidence of

exacerbation in the record related to the industrial injury to warrant additional PT. Request for 12 visits of PT is non-certified.