

<b>Case Number:</b>	CM13-0009162		
<b>Date Assigned:</b>	08/07/2013	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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. 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.

### 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 underlying date of injury in this case is 10/13/2010. The treating diagnosis is a medial meniscus tear. This patient is a 58-year-old woman who was injured in a work-related motor vehicle accident. The patient is status post a right knee partial meniscectomy 06/26/2013. Subsequently, a postoperative therapy request was made for therapy 3 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial outpatient post-operative physical therapy three times a week for six weeks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter,.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule, Postoperative Treatment Guidelines, page 24, recommends "postsurgical treatment (a meniscectomy): 12 visits over 12 weeks." Additionally I note that the overall Postsurgical Treatment Guidelines, Section 24.3, page 10, states, "Initial phase of therapy means 1/2 of the number of visits specified in the general course of therapy." This treatment request therefore substantially exceeds the initial treatment recommendations. The medical records do not provide an alternative rationale as an

exception to these guidelines. The request for initial outpatient post-operative physical therapy three times a week for six weeks for the right knee is not medically necessary and appropriate.