

<b>Case Number:</b>	CM13-0010943		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Occupational Medicine 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 applicant is a [REDACTED], employee who has filed a claim for low back and knee pain reportedly associated with an industrial injury of August 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 9, 2013, the claims administrator approved a request for diagnostic arthroscopy of the right knee with possible meniscectomy and chondroplasty. The claims administrator also partially certified 12 sessions of postoperative physical therapy in lieu of the 16 sessions sought by the attending provider. The applicant's attorney subsequently appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 x 8 weeks of post-operative PT to the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As noted in MTUS 9792.24.3.A.2, an initial course of physical therapy represents half the general course of therapy recommended for the specific surgery. In this case, MTUS 9792.24.3 supports an overall course of 12 sessions of treatment following knee arthroscopy/meniscectomy. Thus, a six-session partial certification would have been appropriate

and consistent with the letter of the MTUS. The claims administrator, however, previously partially certified 12 sessions. This is above and beyond what would ordinarily have been approved, per the letter of the MTUS. I am unable to therefore approve the 16-session course being sought by the attending provider as MTUS 9792.24.3.C.3 notes that additional physical therapy beyond the initial postoperative course is contingent on functional improvement. For all these reasons, then, the request is non-certified, on independent medical review.