

<b>Case Number:</b>	CM13-0015341		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 58-year-old female who reported an injury on 03/29/2012. The patient was noted to be status post right knee arthroscopic partial medial and lateral meniscectomy and chondroplasty on 04/25/2013. It was noted she had improved in physical therapy and continued to improve, and the physician was recommending 8 more physical therapy visits. It was noted that the patient has had a total of 16 physical therapy visits postoperatively. The physical examination findings state the patient lacks 10 degrees of full extension, she has a weak vastus medialis oblique (VMO), and she flexes to 120 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**eight (8) physical therapy visits:** Upheld

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

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

**Decision rationale:** California Postsurgical Guidelines state controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. However, postsurgical physical therapy is recommended as 12 visits over 12 weeks with a 6 month postsurgical physical

medicine treatment period. The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine only. Guidelines state that at the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24 visit limitation for physical therapy. As the patient was noted to have completed 16 visits of postoperative physical therapy previously, which exceeds the recommended 12 visits following a meniscectomy, and the 6 months postsurgical physical medicine period has ended, an additional 8 visits of postoperative physical therapy is not supported by the guidelines. Furthermore, the most recent clinical information provided for review was a 08/14/2013 office note. In the absence of recent objective findings to show functional deficits, physical therapy is not supported. For these reasons, the request is non-certified.