

<b>Case Number:</b>	CM13-0016190		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 43 year old male with a date of injury on 11/13/2012. He sustained a slip and fall injury. He had left knee surgery on 04/05/2013. He had a partial medial and lateral meniscectomy. He had 25 physical therapy visits for the left knee. The request is for an additional 18 physical therapy visits for the left knee in 11/2013. An ultrasound of the left lower extremity for swelling was negative for a DVT. On 11/11/2013 the left knee wound had healed. Range of motion was to 130 degrees. There was no instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 24.

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS guidelines for post surgical physical therapy for a meniscectomy allows a maximum of 12 visits over 6 months. Prior to the present request Final Determination Letter for IMR Case Number [REDACTED] he had 25 physical therapy visits. He has already exceeded the maximum allowed physical

therapy visits and the request for 18 visits also exceeds the maximum allowed visits for this condition. By the time of the request for the additional physical therapy visits he should have already been transitioned to a home exercise program and there is no documentation that continued formal physical therapy is superior to a home exercise program. Also, there is no documentation of any functional deficits that would preclude a home exercise program.