

<b>Case Number:</b>	CM13-0017582		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/13/2013
<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 Orthopedic Surgery 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 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 claimant is a 37 year old female with reported industrial injury of 5/5/09. The claimant is status post left knee arthroscopy on 10/29/10 with residual pain and status post left knee arthroscopic partial medial meniscectomy with chondroplasty of the medial femoral condyle in May 2013. Medical records reviewed. Records demonstrate approval of 24 visits of postoperative physical therapy visits for the knee. Exam note from 6/24/13 demonstrates claimant has completed 12 sessions postoperatively. 7/8/13 report demonstrates that 12 additional physical therapy visits were deemed medically necessary. Request is made for 6 additional physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy Once a week for six weeks - Left Knee:** 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:** According to the California MTUS/Postsurgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The prior authorization from July 8th 2013

accounted for a total of 24 visits of physical therapy postoperatively. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore, the request is not medically necessary.