

<b>Case Number:</b>	CM13-0017746		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Physical Medicine & 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 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 injured worker is a 53-year-old male who reported an injury on 06/21/2012 following a fall at work. The injured worker received conservative care and medications; however, that modality of treatment has failed. On 01/07/2013, the injured worker received right knee surgery. On 10/04/2013, the injured worker visited his physician status post right knee arthroscopic subtotal medial meniscectomy with partial or limited synovectomy of a symptomatic plica, right hip trochanteric bursitis, and right knee degenerative joint disease. The injured worker's gait is antalgic; he ambulates with a single point cane. Pain is assessed at 8/10. The injured worker received postoperatively 12 physical therapy sessions with edema reported to the right knee after each session. The physician has prescribed nortriptyline, Flexeril, and naproxen. The physician request postoperative physical therapy for the right knee 2 times a week for 4 weeks. The physician's rationale for this treatment was not given. The request for authorization form was signed and dated on 05/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY FOR THE RIGHT KNEE, 2 TIMES A WEEK FOR 4 WEEKS:** 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:** The request is for postoperative physical therapy for the right knee, 2 times a week for four weeks. California MTUS guidelines for post-surgical physical therapy for the injured worker's right knee arthroscopic meniscectomy allows for 12 sessions over 12 weeks. As the injured worker was noted to have previously undergone at least 12 postoperative physical therapy sessions, the request for additional physical therapy exceeds these guidelines and the documentation failed to provide sufficient evidence of efficacy with previous treatments or exceptional factors to warrant additional session. As such, the request is not medically necessary and appropriate.