

<b>Case Number:</b>	CM13-0024085		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Family Practice has a subspecialty in and is licensed to practice in 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 52-year-old male with a reported date of injury of 04/13/2010. The patient presented with constant mild pain in the bilateral knees, right greater than left; right lower extremity extension to 170 degrees; flexion to 90 degrees; slow movement; and left lower extremity extension to 180 degrees and flexion to 100 degrees as well as some sleep issues. There was no swelling noted in the right knee. The patient had diagnoses including the following: left knee surgery status post arthroscopy for a medial and lateral meniscectomy with ACL augmentation in 07/2012; and internal derangement of the right knee with an MRI in 2010 showing a lateral meniscus tear not responsive to two (2) corticosteroid injections and a series of Hyalgan injections. The latter had been approved for surgery in the past, but because an extension was needed, it was no longer approved. It had also been documented by the QME that the right knee lateral meniscus tear was not due to the gunshot wound in the distal tibia. The physician's treatment plan included a request for 12 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The prospective request for 12 physical therapy sessions:** 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 Page(s): 24.

**Decision rationale:** The California MTUS Guidelines recommend 12 sessions of physical therapy for postsurgical treatment for patients status post meniscectomy. The guidelines note that the postsurgical physical medicine treatment period is 6 months. The patient underwent an arthroscopic synovectomy, chondroplasty and medial and lateral meniscectomy of the right knee on 06/26/2013. It was noted within the documentation that the patient underwent 6 sessions of physical therapy. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's objective functional condition prior to beginning physical therapy in order to demonstrate objective functional gains made over the course of physical therapy, as well as remaining deficits. Additionally, 12 additional sessions would exceed the guideline recommendations. Therefore, the request for 12 physical therapy sessions is neither medically necessary nor appropriate.