

<b>Case Number:</b>	CM13-0030446		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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 38-year-old female who sustained a work-related injury on 03/19/2013 after her left foot landed in a hole in the pavement and her ankle rolled. Subsequently, the patient underwent left knee surgery on 10/14/2013 followed by postoperative physical therapy. Prior to surgery, the patient reported subjective complaints of sharp left knee pain with radiation into her hip and down her foot. The patient also reported a clicking, locking, and a catching sensation in the left knee. Objective findings revealed a slightly antalgic gait and tenderness to palpation over the medial and lateral joint line. The patient's treatment plan included recommendation of surgical intervention, knee support, a cane, ice or heat, NSAIDs, and restricted work duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 9 POST OP PHYSICAL THERAPY VISITS BETWEEN 9/11/2013 AND 11/3/2013: 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.

**Decision rationale:** CA MTUS post-surgical physical therapy for "tear of medial/lateral cartilage/meniscus of knee indicate a total of 12 visits over 12 weeks, however, guidelines

recommend an "initial course of therapy" which means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations." The clinical information submitted for review indicates the patient underwent left knee surgery to repair a medial meniscal tear. Given guideline recommendations, the initial number of physical therapy sessions for this type of procedure would be 6 visits. As such, the initial request for 9 sessions exceeds guideline recommendation and is not supported. Therefore, the prospective request for 9 post op physical therapy visits between 09/11/2013 and 11/03/2013 is non-certified.