

<b>Case Number:</b>	CM13-0030797		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 52 year-old with a date of injury of 08/08/11. The mechanism of injury was a slip with injury to the right leg. The progress report included dated 08/28/13, identified subjective complaints of increased pain. Objective findings included tenderness but without effusion and with a normal range-of-motion. Additional physical therapy (PT) was ordered. Treatment has included partial meniscectomy on 03/08/13. He underwent 18 PT sessions ending on 05/15/13. Pain was reported as improved and range-of-motion returned to normal. A Utilization Review determination was rendered on 09/12/13 recommending non-certification of "12 physical therapy sessions".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions:** 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 current request is for additional physical therapy. The California MTUS Postsurgical Guidelines for meniscectomy of the knee allow 12 visits over 12 weeks, with a postsurgical physical medicine treatment period of 6 months. They further state that if it is

determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient has received this therapy and the postsurgical physical medicine period for this patient ended on 09/08/13. Additionally, the Guidelines note: "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy." Therefore, there is no documentation for the necessity of additional physical therapy in this case.