

<b>Case Number:</b>	CM13-0031009		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 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 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 57-year-old female with a reported date of injury on 11/28/2012. The patient underwent manipulation under anesthesia on 07/20/2013. The patient presented with 100 degrees of right knee flexion, 10 degrees of right knee extension and stiffness in the right knee. The patient's gait was normal. The patient had 5/5 strength in the lower extremities. Palpation over the medial and lateral joint spaces of the knee was asymptomatic with a negative McMurray's test, a negative patellofemoral grind test and a negative patellar apprehension test; and the patient was full weight bearing on the lower extremities. The patient had diagnoses including a tear of the medial meniscus, right knee; tear of the lateral meniscus, right knee; and synovitis, right. The physician's treatment plan included a request for physical therapy 3 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The California Postsurgical Treatment Guidelines recommend 20 sessions of physical therapy over 4 months status post manipulation under anesthesia of the knee. The

guidelines note the postsurgical physical medicine treatment period is 6 months. In the most recent clinical note, the patient's right knee flexion was 100 degrees, and right knee extension was 10 degrees. On 07/24/2013, the patient had -20 degrees of right knee extension and 80 degrees of right knee flexion. On 08/14/2013, the patient had -10 degrees of right knee extension and 114 degrees of right knee flexion. While the patient did make improvements over the course of physical therapy, the request for 12 additional sessions of physical therapy would exceed the guideline recommendations. Additionally, the guidelines note that the postsurgical physical medical treatment period is 6 months, and the patient is just over 6 months status post surgical intervention. Therefore, the request for 12 physical therapy sessions is neither medically necessary nor appropriate.