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| <b>Case Number:</b>   | CM13-0033154 |                              |            |
| <b>Date Assigned:</b> | 12/06/2013   | <b>Date of Injury:</b>       | 03/08/2012 |
| <b>Decision Date:</b> | 02/04/2014   | <b>UR Denial Date:</b>       | 09/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2013 |

### 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 56-year-old female who reported injury on 09/23/2013. The mechanism of injury was not provided. The patient was noted to undergo a right knee arthroscopy with extensive synovectomy and debridement. The patient's diagnosis was noted to include right knee medial meniscal tear. The patient was noted to undergo 20 sessions of physical therapy. The patient was noted to be making slow but steady improvement, and it was noted that the patient had persistent weakness, which was the biggest issue. The diagnoses were noted to be postsurgical for synovectomy of the right knee on 06/26/2013, history of rheumatoid arthritis, scarring of the infrapatellar fat pad, and residual knee stiffness on the right knee. The surgical preoperative diagnoses were noted to include right knee medial meniscal tear, history of rheumatoid arthritis, right knee synovitis, and loose body of the right knee. The request was made for postop physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The clinical documentation indicated the patient underwent a surgical procedure on 06/26/2013 to the right knee, which included a right knee arthroscopy with extensive synovectomy and debridement. As per the preoperative diagnoses, the patient was noted to have a loose body in the knee, which would warrant 12 visits of physical therapy over 12 weeks, and was noted to have a medial meniscus tear, which would also be 12 visits over 12 weeks. The clinical documentation submitted for review indicated the patient had 20 sessions of postoperative physical therapy. However, there was a lack of documentation indicating the patient's functional response to the physical therapy. Additionally, there was a lack of documentation indicating the patient's functional deficits that remained post physical therapy. There was a lack of documentation of a re-assessment and the number of sessions being requested. Given the above, the request for additional physical therapy for the right knee, is not medically necessary.