

<b>Case Number:</b>	CM13-0034579		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, 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 expert 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:

According to the records made available for review, this is a 57-year-old male with a 5/28/08 date of injury. At the time (7/3/13) of request for authorization for post op physical therapy two (2) times a week for ten (10) weeks, there is documentation of subjective (significant right knee pain) and objective (linear scar to the anterior aspect of the right knee), imaging findings (MRI right knee (5/30/13) report revealed torn medial meniscus and chondromalacia), current diagnoses (medial meniscal tear and chondromalacia, right knee, status post ACL reconstruction). Medical report identifies an associated request for right knee arthroscopy with anticipated partial medial meniscectomy and chondroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST OP PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR TEN (10) WEEKS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of medial meniscal tear and chondromalacia, right knee, status post ACL reconstruction. In addition, there is documentation of an associated request for right knee arthroscopy with anticipated partial medial meniscectomy and chondroplasty. However, there is no documentation of a pending surgery that has been authorized/certified and/or a surgery that has already taken place. In addition, the requested post op physical therapy two (2) times a week for ten (10) weeks exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for post op physical therapy two (2) times a week for ten (10) weeks is not medically necessary.