

<b>Case Number:</b>	CM13-0035499		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Preventive 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 55-year-old male with a 4/13/11 date of injury, and 8/16/13 right knee arthroscopy. At the time (9/26/13) of request for authorization for physical therapy 3 times a week for 6 weeks for the right knee, there is documentation of subjective finding of right knee pain with weakness in the legs. Objective findings: walking with a slight limp and effusion over the right knee. The current diagnoses include right knee medial meniscus tear plus chondromalacia of the patella and status post right knee arthroscopy. The treatments to date are right knee surgery and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT KNEE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation MTUS: PHYSICAL MEDICINE, POST-SURGICAL TREATMENT GUIDELINES, 24-25

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Title 8, California Code of Regulations,

**Decision rationale:** The 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, the 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. The 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 right knee medial meniscus tear plus chondromalacia of the patella and status post right knee arthroscopy. In addition, there is documentation of status post right knee arthroscopy on 8/16/13. However, the requested physical therapy 3 times a week for 6 weeks for the right knee exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 3 times a week for 6 weeks for the right knee is not medically necessary.