

<b>Case Number:</b>	CM13-0040165		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 62-year-old female with a 9/1/11 date of injury, and 10/10/13 right knee arthroscopic meniscectomy and debridement. At the time (10/8/13) of request for authorization for physical therapy 2 x per week for 6 weeks for right knee, there is documentation of a plan to proceed with right knee arthroscopic meniscectomy and debridement. Current diagnoses (right knee medial meniscus tear, status post right knee arthroscopic meniscectomy and debridement), and treatment to date (right knee arthroscopic meniscectomy). Medical reports identify a request for right knee post-operative physical therapy 2x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X PER WEEK FOR 6 WEEKS FOR RIGHT KNEE:** Upheld

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

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

**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 right knee medial meniscus tear. In addition, there is documentation of status post status post right knee arthroscopic meniscectomy and debridement on 10/10/13 and a request for right knee post-operative physical therapy 2x6. However, the requested right knee post-operative physical therapy 2x6 exceeds guidelines (1/2 the number of sessions recommended for the general course of therapy). Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 times per week for 6 weeks for right knee is not medically necessary.