

<b>Case Number:</b>	CM13-0040514		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 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:

The injured worker is a 65-year-old male who reported an injury on 06/18/2012. The mechanism of injury was not provided. Current diagnoses include status post arthroscopy of the knee, arthroscopic medial meniscectomy, and arthroscopic chondroplasty of the medial femoral condyle. The injured worker was seen on 08/22/2013. The injured worker was 2 months status post right knee arthroscopy. The injured worker had completed 6 sessions of postoperative physical therapy. The injured worker reported soreness and weakness in the knee. Physical examination revealed 0 to 120 degree range of motion, crepitus, tenderness at the anteromedial joint line, and 5/5 motor strength bilaterally. Treatment recommendations included physical therapy for the shoulder, continuation of ice therapy and NSAIDs, and a possible cortisone injection into the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL POST-OP PHYSICAL THERAPY 2-3 X 4 WEEKS (12 SESSIONS):**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,24-25.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a meniscectomy includes 12 visits over 12 weeks. The current request for 12 additional sessions of postoperative physical therapy would exceed guideline recommendations. There is no documentation of objective functional improvement following the initial course of postoperative physical therapy that would warrant the need for an additional 12 sessions. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.