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| <b>Case Number:</b>   | CM13-0041230 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 06/30/2012 |
| <b>Decision Date:</b> | 03/20/2014   | <b>UR Denial Date:</b>       | 10/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/11/2013 |

### 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 Orthopedic Surgery and is licensed to practice in Texas, Michigan, Indian and Nebraska. 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 25 year old male who reported an injury on 06/20/2012, secondary to a fall. The patient is diagnosed with right knee sprain with large medial meniscal tear. The patient is currently status post right knee operative and diagnostic arthroscopy under anesthesia, performed on 06/20/2013. The patient was seen on 06/10/2013. The patient continued to report pain and swelling. Physical examination revealed tenderness to palpation, 0 to 145 degree range of motion, crepitus, and intact sensation. Treatment recommendations included a right knee arthroscopy, and physical therapy or chiropractic treatment 3 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical or chiropractic therapy right knee x18:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in a general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following loose body of the knee and chondromalacia patella includes 12 visits over 12 weeks.

The California MTUS Guidelines further state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the knee is not recommended. As per the documentation submitted, the patient underwent a right knee diagnostic and operative arthroscopy with loose body removal and chondroplasty on 06/20/2013. The current request for 18 sessions of postoperative physical therapy exceeds guideline recommendations. Chiropractic therapy is not recommended for the knee. Based on the clinical information received, and the California MTUS Guidelines, the request is noncertified.