

<b>Case Number:</b>	CM13-0041459		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/20/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This is a 5'7", 231 lbs, 49 year-old female who injured her back and left knee on 1/21/2011. She has been diagnosed with lumbar disc protrusions at L4/5 and L5/S1, and left knee medial meniscal tear, s/p arthroscopy on 7/26/13. The IMR application shows as dispute with the 9/20/13 UR decision regarding additional left knee PT 2x8. UR denied the request based on the 9/16/13 report that states the patient completed 12 of 18 approved visits and only has slight swelling and slight tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional Physical Therapy left knee 2 times a week for 8 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to the 9/16/13 report, the patient presents 2-months post-op, partial medial meniscectomy with osteochondral shave (surgery on 7/26/13). Objectively, there was no effusion. "Her biggest issue is some slight swelling and some slight tenderness" She had completed 12 of the 18 approved PT sessions. She remains TTD. The plan, and the request

before me, is for an additional course of PT 2x8. The patient is still in the MTUS post-surgical physical medicine treatment timeframe. For the meniscal surgery, this is period is 6-months from the surgery date. MTUS states a general course of therapy for the meniscectomy is 12 sessions. The initial course would have been 6 sessions. The patient has already had 18 sessions approved and only completed 12 of these. There is no reporting of functional improvement, improvement in ADLs, or reduction in work restrictions, or a reduction in the dependency on continued medical treatment. The MTUS post-surgical guidelines require discontinuing of PT if there is no documentation of functional improvement. MTUS states: " In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period" The request for an additional 16 sessions of post-surgical PT will exceed the MTUS general course of care, and without demonstrating functional improvement, is not in accordance with the MTUS postsurgical guidelines.