

<b>Case Number:</b>	CM13-0042972		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	05/31/2001
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery 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 claimant is a 64 year old with reported industrial injury of 5/31/01. The medical records were reviewed. Exam note from 10/8/13 demonstrates complaint of pain in the left knee. Report is made of clicking, popping and an antalgic gait. Physical examination demonstrates minimal tenderness over the inferior pole of the patella. Range of motion is from 3-126 degrees of flexion. Mild medial joint line tenderness is noted. Trace laxity is noted over the medial collateral ligament at approximately 30 degrees of extension but stable in full extension. Trace anterior drawer test is noted in the records. The patient is status post left knee arthroscopy with partial medial meniscectomy plus partial lateral meniscectomy as well as tricompartmental synovectomy on 6/7/13. Records demonstrate that the patient has completed 18 post-surgical physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Operative Physical Therapy 2 Times a Week Times 6 Weeks for the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

**Decision rationale:** According to the California MTUS/Postsurgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case the exam note from 10/8/13 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore, the request is not medically necessary.