

<b>Case Number:</b>	CM13-0052845		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of July 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and MRI imaging of the injured knee of September 17, 2013, notable for medial meniscal derangement. In a Utilization Review Report of November 7, 2013, the claims administrator denied a request for 12 sessions of postoperative physical therapy. The Utilization Review Report was very difficult to follow; however, the denial appears to have predicated on the fact that an associated knee arthroscopy was also denied. The claims administrator stated that the attending provider submitted compelling evidence of failure of conservative management. The applicant's attorney subsequently appealed. In a December 27, 2013 progress note, the attending provider complains that the request for knee surgery has been denied. The applicant is having issues with locking with ambulation. Swelling and pain persist. Surgery has apparently been denied. The claimant exhibits an antalgic gait with limited range of motion and limited ability to squat. The attending provider goes on to again re-request the previously denied knee surgery and postoperative physical therapy. Work restrictions are endorsed. Multiple other utilization review reports were reviewed. On each occasion, the knee MRI in question was apparently denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** While the Postsurgical Treatment Guidelines does endorse a general course of twelve sessions of treatment following a knee arthroscopic meniscectomy procedure, as was proposed here, in this case, the claims administrator seemingly denied the request on three separate occasions. There is no evidence that the meniscectomy procedure was ever approved. Since the knee meniscectomy procedure in question has been denied, the derivative request for postoperative physical therapy is also denied. The request for post-operative physical therapy for the left knee, three times per week for four weeks, is not medically necessary or appropriate.