

<b>Case Number:</b>	CM13-0053716		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/17/2013
<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 patient is a 42 year old male who was injured on 07/02/2013, while he was on a ramp, slipped and twisted his knee. In 1996, he had a tibial plateau fracture and subsequently went under open reduction internal fixation, lateral removal of the hardware and has had subsequent arthroscopic surgery. The patient underwent physical therapy. The patient had a collar bone fracture at birth with shattered tibial plateau. The patient underwent right knee surgery in 1996 and horseshoe kidney surgery. He had supra ventricular tachycardia in 1998. Diagnostic studies reviewed include MRI of the right knee dated 08/30/2013 revealed extensive postoperative changes to the proximal tibia. Irregularity to the lateral tibiofemoral compartment to the articular cartilage especially to the lateral tibial plateau. Tear to the body and posterior horn of the lateral meniscus with a tiny subjacent parameniscal cyst. ACL sprain, a complete tear is not demonstrated. Chondromalacia patellae. Progress note dated 09/06/2013 revealed warm, well perfused bilateral lower extremity. No cyanosis, clubbing, edema, erythema, or petechiae with good pedal pulses. Examination of the right knee revealed no swelling or edema, normal deep tendon reflexes and normal coordination, normal strength and tone, normal range of motion, normal sensation and no instability, subluxation or laxity, no crepitus. Warmth and tenderness to Final Determination Letter for IMR Case Number [REDACTED] palpation noted (minimal tenderness over lateral knee pain with vargus pressure) and previous fracture deformity demonstrated (scar from previous knee surgery, otherwise no gross deformity). The patient was diagnosed with lateral meniscal tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTOPERATIVE PHYSICAL THERAPY TO EVALUATE AND TREAT THE RIGHT KNEE 2X6:** Overturned

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

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for physical medicine post meniscus tear arthroscopy suggest 12 sessions of physical therapy. The request for physical therapy is within the guidelines, therefore it is certified.