

<b>Case Number:</b>	CM13-0054082		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. 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 54-year-old injured worker who reported an injury on 06/21/2011. The patient was reportedly injured while pulling a 75-pound box of meat from a shelf. The patient is diagnosed with right hip arthroscopy and medial meniscal tear in the right knee. The patient was seen by [REDACTED] on 09/18/2013. Physical examination revealed 120 degree flexion, 5/5 motor strength, full range of motion, tenderness over the medial joint line, and a normal gait. Treatment recommendations included authorization for a right knee arthroscopy with medial meniscal surgery and postoperative physical therapy 3 times per week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy sessions three times a week for three weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS Guidelines state initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following

derangement of the meniscus includes 12 visits over 12 weeks. The current request is for 9 sessions of postoperative physical therapy exceeds Guideline recommendations. The request for post operative physical therapy three times a week for three weeks is not medically necessary and appropriate.