

<b>Case Number:</b>	CM13-0054307		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine and Rehabilitation 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 an employee of [REDACTED] and has filed a claim for status post compartment release for compartment syndrome of the quads associated with an industrial injury date of September 27, 2012. Utilization review from October 30, 2013 denied the request for physical therapy 2 x 6 weeks for the right knee due to lack of objective functional progress from previous 12 physical therapy sessions completed. Treatment to date has included right knee meniscectomy and decompressive surgery for the quads, physical therapy x24, and oral pain medications. Medical records from 2013 through 2014 were reviewed showing the patient is currently working hard at with a home exercise program. The patient is using a cane and is continuing to strengthen his quads. Previously the patient complained of 5/10 pain. Medications were noted to be working well. On examination, there is noted tenderness over the patella of the right knee. There is a 1+ effusion in the right knee joint. The patient can flex to about 50 degrees with the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X WEEK X 6 WEEKS, RIGHT KNEE:** Upheld

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

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

**Decision rationale:** The Postsurgical Treatment Guidelines indicate that physical therapy for the postsurgical treatment for meniscectomy is recommended at twelve (12) visits over twelve (12) weeks. In this case, the patient has completed a total of twenty-four (24) postoperative physical therapy visits. The patient is noted to be in a home exercise program and is doing well. It is unclear why an additional twelve (12) weeks of physical therapy is needed, since the patient is fully capable of a home exercise program. The guidelines do not recommend additional sessions. Therefore, the request for physical therapy for the right knee is not medically necessary.