

<b>Case Number:</b>	CM13-0056082		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 female who reported injury on 01/19/2013. On 08/08/2013, the patient was noted to undergo a partial lateral meniscectomy arthroscopically. The patient's diagnosis was noted to be a torn lateral meniscus of the right knee. The mechanism of injury was not provided. The patient was noted to undergo 18 sessions of therapy for the knee. The request was for physical therapy 3x4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 4 weeks:** Upheld

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

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

**Decision rationale:** California MTUS postsurgical treatment guidelines indicate that postsurgical treatment for a tear of the medial or lateral cartilage/meniscus of the knee is 12 visits over 12 weeks. The clinical documentation indicated the patient's right knee was noted to swell when the patient stands for more than 2 hours and that the patient was having slow progression and the range of motion was 124 degrees in flexion. The patient was noted to undergo 18

sessions of physical therapy. There was a lack of documentation indicating functional benefits received from the treatment. There was a lack of documentation of the patient's remaining functional deficits. Additionally, the request as submitted failed to indicate the body part the request was for. Given the above, the request for physical therapy 3x4 weeks is not medically necessary.