

<b>Case Number:</b>	CM13-0059332		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Internal Medicine and is licensed to practice in Arizona. 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 57-year-old obese male who sustained a twisting injury to his right knee while lifting a mannequin on 10/10/2012. He had continuous pain in spite of anti-inflammatories and physical therapy. Eventually an MRI confirmed that he had a medial meniscus tear. He underwent an arthroscopic surgery on 9/19/2013 and underwent an excision of a Plica and cyst, had a chondroplasty at the articular surface of the femur and had a medial meniscectomy. He completed 12 sessions of physical therapy with both subjective and objective improvement; there has been an improvement in range of motion and pain tolerance. Both the physical therapist and the managing physician have recommended additional therapy to further address the residual stiffness and pain, especially notable with prolonged standing. After the last physical therapy session, it was suggested that the patient not yet return to work. After the surgery, the surgeon did state that the patient should ultimately be able to return to his work as a machine operator without any restriction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X 4WKS RIGHT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Procedure Summary, Chondroplasty.

**Decision rationale:** The Title 8, California Code of Regulations, section 9792.20 states for the knee, "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term but not long-term benefit. There is then a listing of various procedures and the time recommended for physical therapy in the post-surgical period. For a tear of the medial/lateral cartilage/meniscus of the knee after a meniscectomy, 12 visits over 12 weeks are suggested." The post-surgical physical medicine treatment period is stated to be 6 months. There is no discussion in the MTUS related to the other procedures that this patient had, specifically the chondroplasty or the excision of the Plica. The Official Disability Guidelines, however, does mention the chondroplasty, stating that the physical therapy should be 12 visits over 12 weeks. It does not mention the excision of the Plica. This patient has already completed the recommended 12 weeks of physical therapy and has obtained benefit. There is no justification to continue physical therapy beyond this time frame; so this request of physical therapy, 2X/week for 4 weeks has been deemed to not be medically necessary.