

<b>Case Number:</b>	CM13-0069084		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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, has a subspecialty in Interventional Spine 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:

According to the 11/18/2013 progress report by [REDACTED] the patient presents with continued right knee pain, status post surgery on 07/26/2013. She reports improvement in her strength and range of motion with physical therapy sessions. She also continues to have chronic neck and bilateral shoulder pain as well. Examination revealed well-healed incisions noted over the right knee with no signs of infection. There are some medial and lateral joint tenderness with flexion and extension. Medical records indicate the patient underwent a right knee meniscectomy on 07/26/2013. On 08/12/2013, [REDACTED] requested the patient proceed with the 12 sessions of postoperative physical therapy. On 09/09/2013, the patient report continued pain and loss of motor strength over the right knee. Treating physician states previously requested 12 sessions of post-operative therapy is pending. Report 10/01/2013 again indicates authorization for the 12 sessions of postoperative therapy is "pending." Subsequent progress report from 11/18/2013 states she has improvement in her strength and range of motion with physical therapy and a formal request for additional 12 sessions was made. Utilization review denied the request on 12/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST OP PTX12 FOR RIGHT KNEE:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines page 24 and 25 recommends for post-surgical treatment after meniscectomy 12 visits over 12 weeks. In this case, the patient has had 12 sessions of post-op therapy already. There are no therapy notes to verify the number of treatments and progress. The treating physician does not explain how the patient is progressing other than the statement "improvement." The patient remains symptomatic but there does not appear to be any reason why the patient is not able to transition into a home exercise program. The request is not medically necessary or appropriate.