

<b>Case Number:</b>	CM14-0002836		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Orthopedic Surgery, 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:

This is a 59 year old female with industrial injury 11/27/12. Claimant is status post right knee arthroscopy on 6/27/13. Report that claimant is status post 17 visits of postoperative physical therapy. Exam noted from 11/15/13 demonstrates claimant with continued knee pain and antalgic gait. Tenderness is noted on the medial side of right knee. Recommendation made for further physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE RIGHT KNEE:**

Upheld

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

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

**Decision rationale:** According to the CA MTUS Postsurgical Treatment Guidelines, page 25, recommends 12 visits over 12 weeks after arthroscopy of the knee. In this case the claimant completed 17 visits of postoperative physical therapy. There is insufficient evidence in the records to support further therapy beyond the guidelines. Therefore the Physical Therapy 2 times a week for 4 weeks to the right knee is not medically necessary.

