

<b>Case Number:</b>	CM14-0006064		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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:

The injured worker is a 43-year-old male who reported injury on 09/01/2010. The mechanism of injury was not provided. The injured worker underwent a right knee arthroscopy with chondroplasty and debridement on 06/17/2013. The most recent PR-2 was dated 11/18/2013. The objective physical examination revealed the injured worker had significant pain in the knee. The injured worker was neurologically intact. There was no lymphedema and there was normal skin. There was 2+ dorsalis pedis and posterior tibial pulses with normal capillary refill. The range of motion was 0 degrees to 120 degrees with minimal pain. There were no signs of DPT. There was mild crepitus at the patellofemoral joint. The strength was 4/5 with moderate pain. The diagnosis was status post knee arthroscopy with chondroplasty right knee and the treatment plan included continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL RIGHT KNEE POST OPERATIVE THERAPY:** Upheld

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

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines indicate that 12 visits over 12 weeks are appropriate for the diagnosis of the injured worker. The clinical documentation submitted for review indicated the injured worker had undergone postoperative physical therapy. The specific quantity of sessions that were utilized was not provided. There was a lack of documentation of objective functional deficits to support the necessity for continuation of therapy. Given the above, the request for additional right knee postoperative therapy is not medically necessary.