

<b>Case Number:</b>	CM14-0006112		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/03/2014
<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 Surgeon and Sports Medicine 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 64-year-old female who reported an injury on 05/12/2011. The mechanism of injury was not stated. Current diagnoses include right knee internal derangement, right knee grade 4 chondromalacia, and 2 months status post right knee surgery. The injured worker was evaluated on 10/15/2013. The injured worker reported persistent right-sided neck and right shoulder pain rated 6/10 with weakness and grinding in the right knee. The injured worker has completed 15 sessions of physical therapy. Physical examination of the right knee revealed 110 degree flexion, 5 degree extension, and 4/5 strength. The treatment recommendations at that time included continuation of physical therapy 3 times per week for 4 weeks as well as a Synvisc injection. It is noted that the injured worker underwent arthroscopic examination of the right knee with partial medial and lateral meniscectomy, synovectomy, chondroplasty, lysis of adhesions, and manipulation under anesthesia on 08/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 3X4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24-25.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following manipulation under anesthesia includes 20 visits over 4 months. Postsurgical treatment following a derangement of the meniscus, loose body in the knee, and chondromalacia patella includes 12 visits over 12 weeks. The injured worker has completed 15 sessions of postoperative physical therapy to date. There is no documentation of objective functional improvement that would warrant the need for additional treatment. The current request for an additional 12 sessions would exceed guideline recommendations. There is also no specific body part listed in the current request. Therefore, the request is not medically appropriate. As such, the request is not medically necessary.