

<b>Case Number:</b>	CM14-0006668		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/03/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant, a 49-year-old female, was injured in a work related accident on 07/03/11. Medical records provided for review specific to the claimant's right knee include an 11/27/13 progress report documenting a diagnosis of right knee medial meniscal tear. Subjectively, it was noted that a corticosteroid injection provided at the previous visit provided only temporary relief. Physical exam showed +2 tenderness to palpation over the medial joint line, tenderness over the lateral joint line, positive McMurray's testing, 0 to 120 degrees range of motion, and no effusion. The report documented that failed conservative care had included physical therapy, activity restrictions, corticosteroid injections, and medications and that knee arthroscopy and partial meniscectomy was recommended. The report of a right knee MRI dated 9/28/12 showed an abnormality at the posterior horn of the medial meniscus representing an oblique tear. Collateral ligaments and cruciate ligaments were intact. The medical records did not contain any documentation of other imaging or prior surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY VISITS FOR THE RIGHT KNEE, #12:** Overturned

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

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

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 sessions of physical therapy for the right knee also would be supported. The role of surgical intervention in this individual has been supported by clinical records. The initial 12 sessions of postoperative physical therapy also would satisfy the Postsurgical Guideline criteria and be supported.