

<b>Case Number:</b>	CM14-0007201		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Occupational 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 patient is a 50-year-old male who has submitted a claim for industrial injury, left knee, status post anterior cruciate ligament reconstruction, arthroscopic treatment and most recently, arthroscopic meniscectomy and chondroplasty; and residual pain, limitation of motion, and limitation of function, left knee, associated with an industrial injury date of August 5, 2012. Medical records from 2013 were reviewed, which showed that the patient complained of pain, swelling, and stiffness in the knee. He also continued to note restriction of motion and limitation of standing and walking. He was also unable to squat or kneel. He denied frank locking or catching. On physical examination, the patient had well-healed arthroscopic portals, mild swelling, and stable ligamentous exam. Pulses, sensation, and motor strength were intact distally. There was restriction of knee flexion. Retropatellar crepitus was also noted. There was tenderness over the medial joint line and a positive patellar compression test. There was no instability to varus or valgus stress. The contralateral knee had full range of motion with no swelling or tenderness. Treatment to date has included medications, left medial meniscectomy, and eight postoperative physical therapy sessions. Utilization review from January 10, 2014 modified the request for continued postoperative physical therapy two (2) times a week for four (4) weeks for the left knee to continued postoperative physical therapy times four (4) sessions for the left knee because the patient previously had eight sessions of postoperative therapy and an additional four sessions would be consistent with MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED EIGHT (8) POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT KNEE: Upheld**

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

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

**Decision rationale:** According to the Post-Surgical Treatment Guidelines, Knee Section, the recommended post-surgical treatment for patients who underwent meniscectomy is 12 visits over 12 weeks. In this case, the patient already underwent eight sessions of postoperative therapy. The present request is for an additional eight sessions, which would exceed the recommended total number of postoperative therapy sessions. Therefore, the request for continued eight (8) postoperative physical therapy for the left knee is not medically necessary.