

<b>Case Number:</b>	CM14-0101732		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 26-year-old gentleman who was injured on 04/16/13. Records for review indicate that following a course of conservative care to the right knee claimant underwent a 05/16/14 right knee arthroscopy with partial medial meniscectomy. Following operative intervention, claimant has undergone 12 sessions of postoperative physical therapy. A physical therapy assessment from 06/17/14 revealed motion from 0 to 130 degrees with minimal effusion and joint line tenderness and no weakness. There is current request for 8 additional sessions of physical therapy in this individual.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Additional (post-operative) physical therapy sessions, right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines website, physical therapy.

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

**Decision rationale:** Based on California MTUS postsurgical rehabilitative guidelines, continued physical therapy to the knee would not be indicated. Postoperative records for review indicate the claimant has exceeded guideline criteria that would support no more than 12 sessions of

physical therapy in the postoperative setting. Given 12 sessions of therapy already performed with recent assessment showing full range of motion to the knee, it would be unclear as to why transition to a home exercise program would not be more appropriate at this stage from surgical process.