

<b>Case Number:</b>	CM14-0011308		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 35-year-old male with an 11/18/11 date of injury and status post left knee arthroscopic meniscectomy on 10/18/13. At the time (12/30/13) of the Decision for additional post operative (PO) physical therapy (PT) two (2) times a week for six (6) weeks for the left knee, there is documentation of subjective (left knee pain, weakness, and loss of motion) and objective (tenderness over the medial portal, decreased range of motion from 0 to 130 degrees with positive patellofemoral crepitation, positive grind test, positive Lachman, and anterior drawer testing) findings, current diagnoses (status post left knee arthroscopic meniscectomy), and treatment to date (left knee arthroscopic meniscectomy on 10/18/13 and 12 sessions of postoperative physical therapy with slow and steady progress). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST OPERATIVE(PO) PHYSICAL THERAPY(PT) TWO(2) TIMES A WEEK FOR SIX(6) WEEKS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web-Based Version, Knee Chapter.

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

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of meniscal tear. In addition, there is documentation of status post left knee meniscectomy on 10/18/13 and 12 sessions of post-operative physical therapy sessions completed to date, which is the limit of guidelines. Furthermore, despite documentation of slow and steady progress with previous physical therapy, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for additional post operative (PO) physical therapy (PT) two (2) times a week for six (6) weeks for the left knee is not medically necessary.