

<b>Case Number:</b>	CM14-0018076		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Orthopaedic 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 24-year-old male sustained an accepted industrial injury on 7/21/12. The mechanism of injury is not documented. The patient underwent right knee arthroscopy, partial lateral meniscectomy, medial synovial plica resection and tricompartmental synovectomy on 11/25/13. The 1/9/14 treating physician report indicated that the patient had completed 8 of 12 physical therapy sessions. Pain was reported with strenuous use. The physical exam showed effusion, crepitus and antalgic gait using a cane. The patient was instructed to complete the remaining physical therapy sessions. Twelve additional post-operative physical therapy sessions were requested. The 2/3/14 utilization review denied the request for additional post-operative physical therapy visits as there was no objective measurable functional response to physical therapy documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 Visits Post-Operative Physical Therapy For The Right Knee:** Upheld

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

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The patient had not completed the initial 12 visits at the time of the request. There was no documentation of objective measurable functional improvement that had been achieved. There was no evidence of functional gains that could be reasonably expected to be achieved with additional treatment, beyond the recommended general course of care. Therefore, this request for an additional 12 visits of post-operative physical therapy for the right knee is not medically necessary.