

<b>Case Number:</b>	CM14-0118820		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 and 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 57-year-old female with a 10/23/13 date of injury, and left knee arthroscopy/meniscectomy on 3/6/14. At the time (6/3/14) of request for authorization for Post-Operative Physical Therapy 8 Sessions for the left Knee, there is documentation of subjective (low back pain radiating to the left and right knee) and objective (tenderness to palpation over the left knee and limited range of motion secondary to pain) findings, current diagnoses (status post left knee arthroscopy/meniscectomy), and treatment to date (16 post-op physical therapy treatments). 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 following previous treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 8 Sessions for the left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation 2010 Revision, Web Edition page 24.

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

**Decision rationale:** 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 following previous treatments. Within the medical information available for review, there is documentation of a diagnosis of status post left knee arthroscopy/meniscectomy. In addition, there is documentation of 16 sessions of post-operative physical therapy sessions completed to date, which exceeds guidelines. Furthermore, 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 following previous treatments. Therefore, based on guidelines and a review of the evidence, the request for Post-Operative Physical Therapy 8 Sessions for the left Knee is not medically necessary.