

<b>Case Number:</b>	CM14-0119201		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 injured worker is a 45 year old female who sustained an injury to her right knee on 07/25/12 while performing her usual and customary duties as a firefighter when she fell, injuring her bilateral knees. She is currently not working. MRI of the right knee dated 02/21/14 revealed post-operative changes in the lateral meniscus with central blunting; complex grade III signal in the body and anterior horn, posterior horn of the lateral meniscus, and parameniscal cyst adjacent to the body of the meniscus; post-operative findings could have represented re-tear of meniscus; moderate sprain of the lateral collateral ligament, likely chronic. On 04/23/14, the injured worker underwent right knee arthroscopy with partial meniscectomy, lateral meniscectomy, synovectomy, and chondroplasty of the femoral condyle and patellofemoral joint clinical note dated 07/08/14 reported that the injured worker continued with swelling due to overuse of the right knee. She had trace effusion with swelling in the back of the knee consistent with resolving baker cyst. Physical examination noted no signs of infection of the knee, incision site normal. Viscosupplementation was discussed with the injured worker. She was advised to continue physical therapy and Ibuprofen for inflammation and pain. Clinical note dated 07/17/14 marked the 17th post-operative physical therapy visit for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Post Operative Physical Therapy, Right Knee QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines Page(s): 2-3,14.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The request for continued post-operative physical therapy for the right knee 12 visits is not medically necessary. Clinical note dated 07/17/14 marked the patient's 17th post-operative physical therapy visit for the right knee. Previous request was modified for two additional visits to review and reinforce an independent home exercise program. The CAMTUS states that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The CAMTUS recommends up to 12 visits over 12 weeks for the diagnosed injury not to exceed four months following arthroscopic repair of the meniscus. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support exceeding the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for continued post-operative physical therapy for the right knee 12 visits is not indicated as medically necessary.