

<b>Case Number:</b>	CM14-0130971		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Minnesota. 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 53 year old male who pivoted on his left leg on 10/10/2013 and felt and heard a pop in his left knee with immediate pain and medial joint line tenderness. He received chiropractic care and did not improve with over 25 acupuncture treatments. An X-ray of the left knee dated 06/27/2014 revealed "a small degenerative osteophyte off of the medial tibial plateau articular surface. Mild degenerative sclerosis is seen of the medial femoral and tibial articular surfaces. Mild medial compartment joint space narrowing is seen." A left knee MRI of 07/15/2014 is reported to show " mild bilateral patellofemoral incongruence as well as mild genu varus" per available notes. Some notes refer to a torn meniscus but the MRI report is not provided. The UR report of 07/17/2014 does not document a torn meniscus. In fact the requested arthroscopic surgery was non-certified. The disputed issue is 12 post-operative visits of Physical Therapy deemed not medically necessary since the surgery was not approved. There is no documentation in the available records indicating approval of the surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Physical Therapy Left Knee 12 Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 and 25.

**Decision rationale:** The surgery was not certified per available records. Therefore the request for post-operative physical therapy left knee 12 sessions is NOT medically necessary. Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. The initial course of therapy (half the post-surgical treatment) for a partial meniscectomy or chondromalacia is 6 sessions. The post-surgical treatment is 12 visits over 12 weeks and the post-surgical physical medicine treatment period after a partial meniscectomy is 6 months and for chondromalacia 4 months. However, since the requested surgery is not being performed, the requested 12 sessions of post-operative physical therapy are not medically necessary