

<b>Case Number:</b>	CM14-0153061		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of April 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; MRI imaging of the knee of August 8, 2014, notable for a degenerative tear of the medial meniscus and medial compartmental chondral irregularity; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for 12 sessions of postoperative physical therapy. The claims administrator stated that the surgery in question had not been deemed medically necessary and therefore the derivative request for postoperative physical therapy would also be denied. In a field case management note dated March 11, 2014, it was acknowledged that the applicant was off of work. In a handwritten note dated June 19, 2014, MRI imaging of the knee was sought. On August 14, 2014, the applicant reported persistent complaints of knee pain. Authorization was sought for an arthroscopy, partial meniscectomy, and chondroplasty. The knee surgery and associated 12 sessions of postoperative physical therapy were sought via an August 22, 2014 RFA form. The applicant, it is incidentally noted, had undergone a prior right knee arthroscopy on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy for the left knee, twice weekly for six weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** While the Postsurgical Treatment Guidelines in MTUS 9792.24.3 do support a general course of 12 sessions of treatment following a meniscectomy procedure, as is being contemplated here, this recommendation is qualified by commentary made in MTUS 9792.24.3.a.2 to the effect that an initial course of therapy meets one-half of the number of visits specified in a general course of therapy. One-half of 12 sessions, thus, would represent six sessions. The request, as written, then, runs an overall amount twice MTUS parameters. It is further noted that it does not appear that the applicant has either received authorization for and/or been scheduled for the left knee surgery also at issue. Therefore, the request of Post-operative physical therapy for the left knee, twice weekly for six weeks is not medically necessary and appropriate.