

<b>Case Number:</b>	CM14-0155349		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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 36-year-old female sustained an industrial injury on 9/23/11. The mechanism of injury was not documented. The 12/1/12 right knee MRI impression documented findings compatible with a horizontal tear in the posterior horn of the medial meniscus, mild degenerative changes of the medial and lateral menisci, and small amount of joint effusion. The 6/10/14 physical therapy discharge summary indicated the patient was status post left knee arthroscopy on 2/19/14 secondary to meniscal tear. The patient completed 12 visits with range of motion within normal limits and 4/5 left knee flexion/extension weakness. The patient underwent right knee arthroscopy with partial meniscectomy, date not documented. The 8/28/14 treating physician progress report cited grade 7/10 right knee pain, increased with activity. She had attended her last therapy session, which had helped, and would like to continue. She complained of right lateral foot pain when she was on her leg a lot. Right knee exam documented well-healed surgical wounds, crepitus and quadriceps weakness. Exam documented increased left knee pain and crepitus. The patient felt she might be favoring the left knee due to recent surgery. The treatment plan recommended over-the-counter Tylenol for pain control and additional physical therapy 3x4 for strengthening and to improve range of motion. The 9/3/14 utilization review denied the request for additional right knee physical therapy as there was no specific objective benefit with physical therapy and no indication as to why the patient was unable to continue her rehabilitation in a home program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Additional Physical Therapy 3 x 4, Right Knee:** Upheld

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

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of Associated Surgical Service: 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined 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. There is no objective measurable functional benefit documented with post-op physical therapy following right knee surgery. The number of post-operative visits and the date of surgery is not available in the records provided. There is no documentation of a specific functional deficit or functional treatment goal to support the medical necessity of additional physical therapy. There is no compelling rationale to support the medical necessity of additional supervised therapy over an independent home exercise program to achieve rehabilitation goals. Therefore, this request is not medically necessary.