

<b>Case Number:</b>	CM14-0169050		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/20/2007
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 injured worker is a 58-year-old gentleman who was reportedly injured on June 20, 2007. The most recent progress note, dated September 8, 2014, indicates that there are ongoing complaints of lumbar spine pain and knee pain. The injured employee is stated to be appending clearance for knee replacement surgery. The physical examination demonstrated bilateral knee tenderness and swelling. There was also tenderness and pain full range of motion of the lumbar spine. Ambulation was restricted and there was use of a cane. Diagnostic imaging studies of the right knee revealed a horizontal tear the posterior horn of the medial meniscus and a mild joint effusion. An MRI the left knee revealed a tear of the posterior horn of the medial meniscus. Previous treatment is unknown. A request was made for 12 postoperative physical therapy sessions and was not certified in the pre-authorization process on September 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 post-op physical therapy sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Post-Operative physical therapy

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

**Decision rationale:** A review of the medical record indicates that the injured employee has been approved for bilateral knee arthroscopic surgery for a meniscectomy and debridement. The California Chronic Pain Medical Treatment Guidelines recommends 12 visits of postsurgical physical therapy for meniscectomy and debridement. Regarding the prior utilization management review, the California MTUS does not state that there should be an initial course of therapy of six visits. As such, this request for 12 visits of postoperative physical therapy is medically necessary.