

<b>Case Number:</b>	CM14-0178035		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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:

This is a 53-year-old female with a 9/29/2012 date of injury. She injured herself after a fall at work after slipping on a wet floor. A progress reported dated 9/12/14 noted subjective complaints of continued 6/10 left knee pain. Objective findings included mild left knee effusion and tenderness over the anterior medial and lateral joint line. The patient has had 12 post-operative physical therapy sessions after surgical management in 4/14. Diagnostic Impression: left knee meniscal tear s/p arthroscopy and meniscectomy. Treatment to Date: medication management, physical therapy and left knee arthroscopy and meniscectomy. A UR decision dated 10/20/14 modified the request for physical therapy three times a week for four weeks to the left knee, certifying three times a week for two weeks. Given the information received, including a history of left knee arthroscopy with residual knee pain and decreased range of motion, improving with post-operative treatment to date, and referencing the 12 post-operative physical therapy visits the patient has already attended, this request is consistent with guidelines when modified to 3x week x 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three times a week for four weeks to the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical Medicine

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

**Decision rationale:** CA MTUS postsurgical treatment guidelines allow up to 12 visits over 12 weeks of physical medicine after meniscectomy. In the documents available for review, the patient has had 12 sessions of physical therapy after surgical intervention of the left knee on 4/14. The patient was noted to have had significant improvement. There is no documentation as to why the patient cannot transition to a home exercise program at this point, since the patient has already received the guideline recommended 12 sessions. Therefore, the request for physical therapy three times a week for four weeks to the left knee are not medically necessary.