

<b>Case Number:</b>	CM14-0181227		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/26/2009
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 is a 58-year-old female with a 9/26/09 date of injury. The patient underwent right knee arthroscopic chondroplasty and meniscus repair on 9/6/14. The patient was seen on 10/9/14 with complaints of pain and swelling of the right knee. The patient was noted to be on Tylenol, Advil and Prilosec. Exam findings revealed healed wound. The note stated that the patient was doing 15-minute walks 1-2 times a day and that the patient was attending physical therapy. The patient was approved for 12 sessions of physical therapy and the physical therapy progress note dated 10/3/14 indicated that the patient accomplished 5 sessions and that the patient's knee was improving. The diagnosis is right knee chondromalacia of the patella and right knee meniscus tear. Treatment to date: work restrictions, physical therapy, crutches and medications. An adverse determination was received on 10/24/14; however the page with the determination was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post Operative Therapy for the right knee QTY: 12: Upheld**

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

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

**Decision rationale:** CA MTUS Postsurgical treatment guidelines state that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. The Guidelines recommend 12 visits over 12 weeks after postsurgical treatment: (Meniscectomy) for dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella. However the progress notes indicated that the patient was certified for 12 sessions of postoperative physical therapy and completed 5 sessions to date 10/3/14. In addition, there is a lack of rationale with regards to the necessity for an extended treatment and additional sessions of physical therapy for the patient. Therefore, the request for Additional Post-Operative Therapy for the right knee QTY: 12 is not medically necessary.