

<b>Case Number:</b>	CM14-0025813		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 52 year old female who reported an injury on 06/25/2009 affecting her left knee as she exited her vehicle to pursue an alleged suspect. The injured worker received physical therapy to assist with pain, of 4/10 at its worse, and restore range of motion. The injured worker was unsuccessful with physical therapy. On 08/01/2013, an MRI with contrast was performed on the left knee. The summary report noted an 8 mm transverse large macerated radial tear at the interior aspect of the degenerative medial meniscus posterior horn. The injured worker was placed on Naprosyn for edema to the knee. The physician performed arthroscopic surgery to repair damage to the knee on 10/25/2013. During a post-operative physician's visit, limited range of motion due to soreness in the lateral gastroc head limiting knee extension was noted. The injured worker received patient teaching in home stretch exercises, given a script for Naprosyn and diagnosed with osteoarthritis. The physician assessed the need for 12 more physical therapy sessions post-operatively to further restore range of motion. The request for authorization was submitted and signed on 12/17/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL POST-OP PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for 12 additional post-op physical therapy sessions is non-certified. The injured worker presents with very little pain and is not taking pain medications at this time. Post operatively, she has responded well to surgery and is increasing range of motion and muscle strength. The physician continues her on home exercises but feels physical therapy will aid her in reaching her goal and return to work without restrictions. A request for authorization and rationale for the request was signed and dated on 12/17/2013. Under California MTUS, knee guidelines, up to 12 sessions of physical therapy is recommended after arthroscopic partial meniscectomy. The amount of therapy requested by the injured worker's physician exceed guideline recommendations given prior treatment. As such, the request is not medically necessary.