

<b>Case Number:</b>	CM14-0027443		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 patient is a 60-year-old female who sustained a right knee injury on 12/27/12 as a result of performing a lot of twisting and turning while assisting in sorting the mail over the [REDACTED] holiday in 2012. The patient's knee pain continued to be a problem for her. She underwent an MRI which identified tri-compartment chondromalacia and a longitudinal tear of the lateral meniscus. The patient required a right knee arthroscopy as she needed a partial lateral meniscectomy, partial synovectomy of all three knee compartments chondroplasty on 10/31/13. Since the surgery, the patient has had 18 physical therapy sessions with obtainment of 80% of normal range of motion and 75% reduction in her pain. In dispute is post-operative physical therapy for the right knee for 10 sessions and partially certified post-operative physical therapy for the right knee for 4 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE PHYSICAL THERAPY, RIGHT KNEE # 10PARTIALLY CERTIFIED POST-OPERATIVE PHYSICAL THERAPY, RIGHT KNEE # 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 24, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Afterward and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that 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. According to the ODG guidelines, post-surgical physical therapy following derangement of meniscus is 12 visits over 12 weeks with the Chronic Pain Medical treatment guidelines providing for 6 months post-surgical physical medicine treatment period. As the patient has had a total of 18 visits and the post-surgical time period has elapsed, I cannot, per the CA MTUS guidelines, authorize further physical therapy. Per the post-surgical notes, the patient has attained a tremendous benefit from the physical therapy obtained and should continue treatment via a home exercise program. The request is not medically necessary and appropriate.