

<b>Case Number:</b>	CM14-0037378		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 33-year-old female who injured her right knee in a work-related accident on 8/26/13. The records provided for review document that on 1/30/14 the claimant underwent right knee arthroscopy with partial medial meniscectomy. The records also document that postoperatively the claimant has been treated with six sessions of physical therapy. The 2/24/14 progress report documented post-surgical findings of the knee to include a healed incision with improving range of motion and strength. There was a request for twelve additional sessions of formal physical therapy of the right knee. There was no additional documentation post-operative treatment or post-operative imaging available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient postoperative physical therapy 3 times a week for 4 weeks for the right knee.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web-based version, Knee Chapter.

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

**Decision rationale:** Based on California MTUS Post-Surgical Rehabilitative Guidelines, the request for an additional twelve additional sessions would not be indicated. The claimant had already undergone six sessions of physical therapy at the time of additional therapy request. The additional twelve sessions of therapy would exceed the Psotsurgical Rehabilitative Guidelines that recommend up to twelve sessions of therapy in the post-operative setting for this procedure. There is no documentation to indicate that the claimant would be an exception to the standard treatment recommendation or that her postoperative condition requires more therapy than the recommended amount. Therefore, the request is not medically necessary.