

<b>Case Number:</b>	CM14-0037903		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 58-year-old male with an injury date on 10/01/2008. Based on the 01/08/2014 progress report provided by the provider, the patient presents with postoperative medial knee pain. The diagnoses include left knee status post partial medial meniscectomy and chondroplasty. The exam on 01/08/2014 of the left knee showed "range of motion 0-125 degrees, effusion minimal, swelling one plus and two plus tenderness along the medial joint line." On 11/19/2013, the patient had left knee arthroscopy with partial medial meniscectomy and chondroplasty of the trochlea. The provider is requesting six sessions of physical therapy for the left knee. The utilization review determination being challenged is dated 02/28/2014. The provider is the requesting provider, and he provided treatment reports from 07/02/2013 to 05/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY FOR THE LEFT KNEE TIMES SIX (X6):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

**Decision rationale:** This patient presents with post-operative medial knee pain and is "still having discomfort and is still using crutches for balance." The treating physician has asked for six sessions of physical therapy for the left knee on 01/08/2014. Regarding post-operative physical therapy, the MTUS Post-surgical Treatment Guidelines allow 12 visits over 12 weeks following a meniscectomy but additional sessions can be allowed depending on the patient's progress. Review of the reports indicates that the patient has had 12 sessions of physical therapy. However, the patient continues to be symptomatic with balance problems. Given that the patient is within the post-operative time frame, additional six sessions of therapy appear reasonable. As such, the recommendation is for authorization.