

<b>Case Number:</b>	CM14-0039804		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 37 year old male whose date of injury is 01/15/2013. The mechanism of injury is described as stepping up to and off a delivery truck and pushing a tight clutch. The injured worker is status post left knee arthroscopy with partial lateral meniscectomy on 08/09/13. The injured worker has been authorized for twelve postoperative physical therapy visits and ten work conditioning sessions to date. Report dated 03/28/14 indicates that the injured worker's left knee has been found to have obtained maximum medical improvement. Diagnosis is status post left knee arthroscopic repair for the meniscal tear and ligament tear and effusion, left knee strain and left leg strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six additional session of physial therapy for the left knee, twice a week for three weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The injured worker is status post left knee arthroscopy with partial lateral meniscectomy on 08/09/13. The injured worker has been authorized for twelve postoperative physical therapy visits and 10 work conditioning sessions to date. The California MTUS Guidelines support up to 12 sessions of physical therapy for the injured worker's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Therefore, the request for six additional session of physical therapy for the left knee, twice a week for three weeks is not medically necessary and appropriate.