

<b>Case Number:</b>	CM14-0050296		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 45 year old with an injury date on 11/4/10. Based on the 3/3/14 progress report provided by [REDACTED] the diagnosis is: left knee DJD, probably meniscus tear. Exam on 3/3/14 showed "left knee effusion. No warmth or erythema. Range of motion 43-125 degrees. Good quad strength. Residual tender MJL." [REDACTED] is requesting Post-operative physical therapy two sessions per week for four weeks to the left knee. The utilization review determination being challenged is dated 3/11/14 and rejects request as patient had 12 sessions of physical therapy and should continue with home exercise program. [REDACTED] is the requesting provider, and he provided treatment reports from 9/24/13 to 3/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy, two sessions per week for four weeks to the left knee:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines dislocation of knee, tear of medial/lateral cartilage/meniscus of knee; dislocation of patella, Postsurgical Treatment Guidelines.

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

**Decision rationale:** This patient presents with sharp left knee pain, some episodes of locking and is s/p arthroscopic meniscectomy, synovectomy, chondroplasty of left knee from 1/22/14. The treater has asked for Post-operative physical therapy two sessions per week for four weeks to the left knee on 3/3/14 "to reduce pain, swelling, improve range of motion." Patient had 1 physical therapy session on 1/28/14. Patient is improving from physical therapy per 3/3/14 report but number of sessions not specified. For meniscectomy, MTUS Guidelines allow 12 visits of physical therapy over 12 weeks within 6 months of surgery. In this case, patient has improved range of motion of left knee, but still has pain, tenderness, and weakness. Treater has asked for 8 sessions of post-operative physical therapy for the knee which is reasonable and within MTUS Guidelines. The request for post-operative physical therapy, two sessions per week for four weeks to the left knee is medically necessary.