

<b>Case Number:</b>	CM14-0051751		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/18/2014
<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 Pain Management, 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:

2014 progress report provided by [REDACTED], the patient complains of pain in his knees, in the anteromedial side of his joint. On October 30, 2013, he had an arthroscopic partial medial meniscectomy of the right knee and a debridement of the patellofemoral joint on the left. He has some tenderness along the medial patellar facet bilaterally and over the pes anserine bilaterally. There was no list of diagnoses provided. [REDACTED] is requesting for twelve additional post-op physical therapy for the left knee, two to three times a week for 4 weeks as an outpatient. The utilization review determination being challenged is dated 03/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from August 13, 2013 through January 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional Post-Op Physical Therapy Visits for the Left Knee, 2-3 times a week for 4 weeks as an Outpatient:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment

Guidelines, pages 24 and 25.

**Decision rationale:** According to the January 21, 2014 report by [REDACTED], the patient presents with pain in his knees, in the anteromedial side of his joint. The request is for twelve additional post-op physical therapy for the left knee, two to three times a week for 4 weeks as an outpatient. The January 21, 2014 report states that the patient "Has tried rehabbing on his own and has not made a lot of progress." Regarding postsurgical treatment, Chronic Pain Medical Treatment Guidelines recommend twelve visits over twelve weeks for a meniscectomy. There is no indication that the patient has already had any postsurgical physical therapy and the twelve sessions requested are within what the Chronic Pain Medical Treatment Guidelines suggests. The request for twelve additional post-op physical therapy visits for the left knee, two to three times per week for four weeks, is medically necessary and appropriate.