

<b>Case Number:</b>	CM14-0052669		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/03/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

49 year old male with reported industrial injury of 7/3/11. Exam note 11/27/13 demonstrates report that prior injection has improved pain. Exam note demonstrates tenderness to palpation over the medial joint line and tenderness over the lateral joint line on the right. Claimant is status post 2/18/14 right knee medial meniscectomy and chondroplasty with report of 9 postoperative physical therapy visits. Hand written exam note from 3/31/14 demonstrates tightness to hamstring area. No physical examination is noted in the record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine Procedure:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case the exam note from 3/3/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant

further visits. The patient has completed 9 postoperative visits without objective evidence of functional improvement. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the determination is for non-certification.