

<b>Case Number:</b>	CM14-0058402		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Texas. 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 67-year-old female who reported an injury on 8/30/13. The mechanism of injury was that the injured worker tripped on uneven asphalt. The injured worker underwent a left knee arthroscopy with chondroplasty. Prior treatments included physical therapy and Synvisc injections as well as intra-articular steroid injections. The request was made for a left knee arthroscopy, postoperative physical therapy, and pain medications. The documentation of 3/21/14 revealed that the injured worker had undergone physical therapy. The injured worker was noted to ambulate with a strong limp and slight effusion of the left knee, but none on the right. The injured worker had slight medial joint line tenderness on the left and knee range of motion from 0 to 120 degrees. The treatment plan included crutches, preoperative medical clearance, postoperative medications, a left knee arthroscopy and chondroplasty, as well as postoperative physical therapy three times a week for four weeks. The clinical documentation indicated that the injured worker was approved for the proposed surgical procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 3 times a week for 4 weeks to the Left Knee:** 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:** The California MTUS Postsurgical Treatment Guidelines indicate that the initial therapy should be half the number of recommended total therapy sessions. The number of recommended sessions postsurgically for a left knee arthroscopy chondroplasty is 12 visits. As such, the request would be supported for six visits. There was a lack of documentation indicating a necessity for 12 sessions. Given the above, the request for postoperative physical therapy three times a week for four weeks is not medically necessary.