

<b>Case Number:</b>	CM14-0063190		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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:

This is a 51-year-old gentleman with a date of injury of 9/13/11. Mechanism of injury was a trip and fall on a plastic bucket. The patient had multiple injured body parts, including bilateral knees. He underwent left knee arthroscopic meniscectomy in July of 2013. The patient had progressive symptoms affecting the right knee, including catching, locking and give-way. MRI was done, and did show a tear at the posterior horn of the medial meniscus. Arthroscopic surgery was recommended and authorized in Utilization Review on 1/16/14. On 2/21/14, the patient underwent an arthroscopic right knee subtotal medial meniscectomy, lateral retinacular release and synovectomy from 3 compartments. On 3/24/14, a request for post-op PT/aqua therapy 3 x 6 was requested and submitted to Utilization Review. The request was modified to PT 2 x 3, given CA MTUS recommendations. The request was re-submitted to UR on 4/11/14. At the time, there was no documentation that suggested that the initial authorized 6 post-op PT sessions had been completed. Additional PT was denied under the assumption that the initial 6 sessions were yet pending completion. 5/14/14 orthopedic follow-up states that the patient has had "no therapy".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy/aquatherapy for the right knee, three (3) times weekly for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post surgica; treatment; Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 25-26.

**Decision rationale:** The CA MTUS post-surgical treatment guidelines states that the initial course of therapy authorized following surgery is one half of the number of visits specified in the general course of therapy for a specific surgery. For meniscus tear, guidelines recommend 12 sessions of PT. In this case, the patient had a meniscectomy, and 18 initial sessions were requested. This was modified on the initial UR report to the appropriate MTUS initial recommendation of one half, or 6 initial post-op PT sessions. It was resubmitted to UR on 4/11/14 for 18 sessions once again. This time, there was no modification, as the UR physician did not find evidence that the initial 6 sessions had been completed. In addition, another 18 sessions over the already authorized 6 sessions would be 24 post-op PT sessions following this meniscectomy surgery, which is double the CA MTUS post-surgical treatment recommendation. Submitted medical records contain no clinical details that substantiate authorization of double the guideline post-surgical amount of PT. While a total of 12 authorized post-op PT sessions would be appropriate, but there is no medical necessity for additional post-op PT 3 x 6.