

<b>Case Number:</b>	CM14-0084352		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old male who was injured on 12/21/2011. He was diagnosed with left medial knee meniscus tear, chondromalacia left knee, and chronic synovitis of left knee. He was treated with physical therapy (24 sessions approved), surgery (left partial meniscectomy/ chondroplasty, synovectomy 1/24/14), and medications. On 5/2/14, the worker was seen by his surgeon following his left knee surgery (1/24/14) after having completed physical therapy, but reported that he had ongoing left knee stiffness, weakness, and pain radiating down from the left hip to the left lower leg. Physical examination was significant for slight weakness of his left thigh, decreased range of motion of the left thigh and IT band, left thigh atrophy, parapatellar tenderness, and patellofemoral crepitus. The worker was then advised to continue with formal supervised physiotherapy (an additional 12 sessions) for his left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post Operative Physical Therapy two (2) times a week for six (6) 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 Post-surgical treatment guidelines state that physical therapy following a knee meniscectomy may allow up to 24 supervised sessions over 12 weeks with a total physical medicine treatment period of 6 months. In the case of this worker, he had reportedly completed his 24 approved physical therapy sessions after his meniscectomy. Three months later, he reported weakness even after his physical therapy. There was no documentation of the physical therapy sessions, and if he was capable of performing home exercises and whether he was using home exercises in conjunction with his supervised therapy. After this amount of therapy, it is expected that workers should be in the habit of performing home exercises for continual benefit after supervised therapy and additional supervised therapy is unnecessary. Without any evidence of this case being an exception to this general rule, the additional 12 sessions of physical therapy are not medically necessary.