

<b>Case Number:</b>	CM14-0086077		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Nevada. 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 records presented for review indicate that this 50-year-old female was reportedly injured on August 5, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 30, 2014, indicates that there are ongoing complaints of knee pain. The physical examination demonstrated the presence of an antalgic gait. There was patella femoral crepitus with range of motion and apparent quadriceps atrophy and weakness. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an arthroscopic meniscectomy and debridement, physical therapy, the use of an unloader brace, and oral medications. A request had been made for 12 sessions of physical therapy and was denied in the pre-authorization process on June 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-Operative Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines 12 visits of postoperative physical therapy are indicated for a meniscectomy and treatment of Chondromalacia. A review of the attached medical records indicate that the injured employee has attended at least 15 postoperative physical therapy sessions. Considering this, the request for an additional 12 sessions of physical therapy for the knee is not medically necessary.