

<b>Case Number:</b>	CM14-0088107		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/23/2008
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 09/23/2008. The mechanism of injury was a slip and fall on both knees. Her diagnoses were status post left knee surgery, degenerative joint disease, bilaterally and right knee internal derangement. Past treatments included a series of injections to the bilateral knees, medications, and physical therapy. The diagnostic testing included an MRI performed on 05/02/2011 that revealed a small tear of the lateral meniscus in combination with moderate to severe chondromalacia patella. The surgical history included a partial meniscectomy to the left knee on 03/26/2009 but no prior surgeries were noted to have been performed to the right knee. On 04/01/2014, the injured worker had complaints bilateral knee pain. The physical exam revealed 1+ effusion, tenderness to palpation, and crepitus with range of motion. The medications were Ambien, Omeprazole, and Norco. The treatment plan included right knee arthroscopy with partial meniscectomy, chondroplasty, and synovectomy followed by 12 sessions of post-operative physical therapy. A request was received for physical medicine procedure, 6 visits. The specific rationale for the request is not noted in the clinical notes. A Request for Authorization form for 12 postoperative physical therapy was signed and submitted on 05/01/2014. However, a Request for Authorization form for 6 visits was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical medicine procedure, 6 visits.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11,24.

**Decision rationale:** The request for physical medicine for 6 visits is not medically necessary. The California/MTUS guidelines recommend a total of 12 visits over 12 weeks of post-surgical physical therapy following a meniscectomy. However, the guidelines specify that an initial course of therapy should equal one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Therefore, an appropriate initial course of postoperative physical therapy after a meniscectomy would be 6 visits. The clinical notes specify the need for right knee arthroscopy with meniscectomy followed by postoperative therapy, but it is not indicated when she had the recommended surgery performed on her right knee. The request for 6 visits would fall within the recommended guidelines, but in the absence of confirmation that the surgery had occurred or was approved, postoperative therapy is not supported. Therefore, the request for physical medicine for 6 visits is not medically necessary.