

<b>Case Number:</b>	CM14-0088556		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/23/2014
<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 Orthopedic Surgery and is licensed to practice in New York. 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 patient has chronic knee pain. The patient is status post right knee arthroscopy. Physical examination shows that the right knee range of motion was 0 -110. There was some mild knee effusion. Physical examination also shows arthroscopy portals are clean and dry without evidence of infection. The patient is status post right knee arthroscopy with partial medial and lateral meniscectomy. The patient also had arthroscopic synovectomy. The surgery also entailed removal of loose bodies. The patient had previous postoperative physical therapy. The medical records do not document the extent of the patient's previous postoperative physical therapy visits nor the patient's response to this physical therapy. At issue is whether additional in-house physical therapy twice a week for 4 weeks is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In House Physical Therapy Twice weekly for 4 weeks Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:MTUS postsurgical treatment guidelines knee, pages 24-25.

**Decision rationale:** The medical records do not address the patient's previous postoperative physical therapy after his knee surgery. There is not adequate documentation of the number of visits the patient is early had after surgical treatment. It is unclear whether or not the patient has maximized the number of physical therapy visits allowed by guidelines. The medical records do not document the patient's previous response to those physical therapy visits. Therefore request for additional in-house physical therapy twice weekly for 4 weeks for the right knee is not medically necessary as per guidelines at this time.