

<b>Case Number:</b>	CM14-0089493		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 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:

The injured worker is a 52-year-old female whose date of injury is 04/07/2011. The mechanism of injury is not described. The injured worker is status post right knee arthroscopic lateral meniscectomy and chondroplasty on 09/25/12. The injured worker subsequently underwent right knee lateral unicompartamental replacement on 02/21/14. Note dated 05/21/14 indicates that the injured worker presents for a postoperative visit. Therapy has been provided. Surgery provided 60% pain relief. Diagnoses are knee arthritis, lateral compartment status post unicompartamental replacement; right lateral meniscal tear; right knee chondromalacia; and plica syndrome, right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x8 Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM ,chapter 7 pg 127 Independent Medical Examinations and Consultations.

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

**Decision rationale:** The Expert Reviewer's decision rationale: Based on the clinical information provided, the request for physical therapy x 8 visits is not recommended as medically necessary. The injured worker subsequently underwent right knee lateral unicompartmental replacement on 02/21/14 and has completed at least 12 postoperative physical therapy visits. CA MTUS guidelines support up to 12 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program therefore, this request is not medically necessary.