

<b>Case Number:</b>	CM14-0089860		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 65 year-old female who reported a work related injury on 01/01/2004. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of a sprain/strain to the right knee. The injured worker's past treatment has included 8 sessions of physical therapy, home exercise program, modified duty, and medications. An MRI dated 01/29/2013 revealed mild thickening and inflammation of lateral collateral ligament and a tear of the fibers of the posterior cruciate ligaments, and mild tendinosis of quadriceps ligament of the right knee. The injured worker had an arthroscopy, medial menisectomy, lateral menisectomy to her right knee on 12/14/2013. Upon examination on 03/14/2014, the injured worker complained of left knee and ankle pain and tenderness. It was noted that there was tenderness to palpation of the left ankle. The injured worker was prescribed hydrocodone. The treatment plan consisted of additional physical therapy for the right knee 2-3 times a week for 6 weeks. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy for the Right Knee 2-3 Times a Week for 6 weeks:** 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 request for Additional Physical Therapy for the Right Knee 2-3 Times a Week for 6 weeks is not medically necessary. The CA MTUS Post-Surgical Guidelines recommend 12 visits over 12 weeks for postsurgical treatment following a meniscectomy. The postsurgical physical medicine treatment period is 6 months. The injured worker has completed approximately 8 sessions of post operative physical therapy following a right knee arthroscopy and medial and lateral meniscectomy on 12/14/2013. The documentation did not provide current measurable functional deficits as well as quantifiable objective functional improvements with regards to previous physical therapy sessions. There is mention of a home exercise program. However, there is a lack of documentation regarding exceptional factors to warrant additional physical therapy. In addition, the request for additional therapy exceeds the guideline recommendations and is no longer within the postsurgical physical medicine treatment period of 6 months. Therefore, the request is not medically necessary.