

<b>Case Number:</b>	CM13-0031104		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Internal 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:

There is a sole Qualified Medical Examination (QME) in the medical record dated January 6, 2014. Documentation indicates that the IW initially received a brace, medications and 2 therapy sessions. On July 19, 2013, the IW underwent a partial medial and lateral meniscectomies to the right knee. She received 12 additional therapy sessions after the surgery. There was no documentation in the medical record indicating the need for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to the right knee, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, additional physical therapy to the right knee two times per week for four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if patients are moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). The

guidelines permit postsurgical physical therapy 12 visits over 12 weeks for derangement of meniscus. In this case, there is a qualified medical examination dated January 6, 2014. There were no other progress notes, physical therapy notes for medical documentation indicating the frequency or duration of physical therapy to date. There was no documentation of objective functional improvement as a consequence of the missing documentation. Consequently, additional physical therapy to the right knee two times per week for four weeks is not clinically indicated and not medically necessary. Based on clinical information the medical record and peer-reviewed evidence-based guidelines, additional physical therapy to the right knee two times per week for four weeks is not necessary.