

<b>Case Number:</b>	CM14-0108441		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61-year-old female with a date of injury of 8/29/2013. She underwent arthroscopic surgery on the right knee for a tear of the medial/lateral meniscus. The operative report has not been submitted. The date of surgery is not reported; however, on 6/2/2014 she was said to be 3 months post surgery. She completed 12 physical therapy visits over 12 weeks after surgery. Utilization review noncertified a request for additional physical therapy 2 times per week for 3 weeks on June 13, 2014. California MTUS postsurgical treatment guidelines were used. This is appealed to an independent medical review. The primary treating physicians progress report dated 6/2/2014 indicates that the injured worker was improved but slower than expected. She had completed 12 physical therapy visits plus a home exercise program and was improved compared to the preoperative status. Examination of the knee revealed the portals were healed. There was no edema or joint effusion. Range of motion was 0-120. Quad strength was 4/5. There was no instability. The provider requested additional physical therapy for range of motion and strength. The diagnosis listed is tear medial meniscus, tear lateral meniscus, and chondromalacia patellae, right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee, two times per week for three weeks (2x3): Upheld**

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

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

**Decision rationale:** The postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. The postsurgical physical medicine treatment period is 6 months. The initial course of therapy is 6 visits and then with documentation of continuing objective functional improvement a subsequent course of therapy of another 6 visits may be prescribed. However, if it is determined that objective functional improvement will continue, additional physical therapy may be prescribed. The injured worker completed the 12 visits over 12 weeks. She was familiar with a home exercise program and was doing exercises at home per office notes. There was no reason why she could not continue the strengthening exercises at home. Her range of motion was good. Based upon the above guidelines, the request for additional physical therapy was not supported and the medical necessity was not established.