

<b>Case Number:</b>	CM14-0191158		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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:

39 year old claimant with reported industrial injury of 7/31/13. Claimant is status post closed fracture of the tibia with internal derangement of the knee. The claimant has undergone 24 visits of physical therapy in 2014 and 28 visits of physical therapy in 2013. Claimant is status post partial lateral meniscectomy with patellofemoral chondroplasty and debridement on 12/13/13. Exam note on 10/8/14 demonstrates no significant improvement since prior examination. Claimant reports right knee pain and plan on Synvisc injection and 12 visits of physical therapy to the knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 to the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS)/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this

case the exam note from 10/8/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the determination is not medically necessary and appropriate.