MAXIMUS Federal Services

| Case Number: | CM14-0192798 | | |
|---|---|---|---|
| Date Assigned: | 11/21/2014 | Date of Injury: | 06/26/2014 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

## 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 Practice and is licensed to practice in North Carolina. 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 patient has a reported date of injury of 06/26/2014. The patient reports the mechanism of injury of lifting a tote and feeling a pop in the knee. The patient was initially evaluated and treated with a knee support and physical therapy. Per the progress notes provided for review form the orthopedic evaluation dated 07/29/2014, the patient had continued ongoing knee pain rated a 7/10/ A MRI report dated 07/10/2014 revealed a longitudal horizontal tear of the body of the lateral meniscus. The physical exam noted left knee tenderness over the lateral aspect and a positive McMurray test on the left. The patient eventually underwent left knee arthroscopic partial lateral meniscectomy on 08/29/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice (2) per week for four (4) weeks for the Left Knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines states: Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12

weeksPostsurgical physical medicine treatment period: 4 monthsThe patient has undergone surgery to repair a torn meniscus. While the patient had undergone an unspecified number of physical therapy sessions prior to surgery to treat knee pain, this physical therapy would be qualified as a post-operative in nature. The number of sessions requested is within the California MTUS recommendations. Therefore, this request is medically necessary.