

<b>Case Number:</b>	CM14-0196615		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Minnesota. 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 48-year-old male who injured his left knee and lower back on 8/28/2012 when he fell through the roof. On 4/16/2014 he underwent arthroscopy of the left knee with partial medial meniscectomy, excision of medial synovial plica, shaving of articular cartilage and synovectomy. The operative findings included a posterior horn tear of the medial meniscus and synovial plica. The patient also had low back pain due to 3 level degenerative disc disease with bulges. He underwent an epidural steroid injection for the lumbosacral area. After the left knee arthroscopy 12 physical therapy treatments were authorized. Patient completed 11 of the 12 authorized visits and was instructed in a home exercise program. He was using topical analgesics and also taking Tylenol, Arthrotec, Prilosec, Ultram, Norco, Motrin and Flexeril. The disputed request pertains to additional 2 x 6 sessions of postoperative physical therapy for the left knee. Utilization review modified the request to 2 additional visits with transition to a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Post-op physical therapy 2 times 6 for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The Postsurgical Treatment Guidelines indicate 12 visits over 12 weeks for a meniscectomy. The initial course of therapy is one half of these visits which is 6 visits. After completion of the 6 visits, if there is objective functional improvement documented, a subsequent course of therapy of an additional 6 visits may be prescribed. The postsurgical physical medicine treatment period is 6 months. The injured worker had completed 11 visits and had been instructed in a home exercise program. Utilization review certified an additional 2 visits with transition to a home exercise program. The request as stated for additional 12 visits exceeds the guidelines and as such, is not medically necessary.