

<b>Case Number:</b>	CM14-0197536		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/05/2014
<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 sustained a twisting injury to his left knee in March 2013. An MRI scan of the left knee revealed a tear of the anterior cruciate ligament and the medial meniscus as well as a healed posterior condylar fracture. On March 4, 2014 he underwent arthroscopy of the left knee with partial medial meniscectomy. The anterior cruciate ligament tear was treated conservatively. Postoperatively he completed 24-28 physical therapy sessions. There was full range of motion of the knee reported. 3+ laxity of the anterior cruciate ligament was noted. There was 1 cm of atrophy of the left quadriceps documented. The disputed request is for additional physical therapy 3 times a week for 4 weeks for the left knee. This was noncertified by utilization review citing postsurgical physical therapy guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 left knee:** Upheld

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

**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 physical medicine treatment period is 6 months. The guidelines indicate an

initial course of therapy of one half of the 12 visits which is 6 visits. After completion of the 6 visits if there is objective functional improvement documented, a subsequent course of therapy of another 6 visits may be prescribed. The injured worker has completed between 24 and 28 sessions. There is no reason why he cannot transition to a home exercise program at this time. There is no documentation of continuing objective functional improvement necessitating additional physical therapy. Based upon guidelines, the request for physical therapy 34 is not supported and as such the medical necessity is not established.