

<b>Case Number:</b>	CM14-0200584		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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:

47 year old claimant with reported industrial injury of 1/15/13. Exam note 5/7/14 demonstrates no tenderness with full range of motion of the cervical spine. Lumbar spine examination demonstrated trace diffuse tenderness, full range of motion. MRI left knee 10/20/14 demonstrates normal findings. Examination note 10/23/14 demonstrates noted low back and left knee pain. Decreased lumbar range of motion is noted with left knee range of motion from 5 to 125 degrees. Patient is status post 16 sessions of physical therapy following left knee arthroscopy with partial medial and lateral meniscectomy performed on 5/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Physical Therapy 6 visits for the left knee DOS: from 9/23, 9/25, 10/01, 10/07, and 10/09/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 24.

**Decision rationale:** According to the California MTUS Postsurgical 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 10/23/14 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 request is not medically necessary.