

<b>Case Number:</b>	CM14-0208874		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 61 year-old female with a 4/18/14 date of injury. She was a room attendant at the [REDACTED] and was making a bed and twisted her left knee. PT and NSAIDs did not help. MRI on 6/11/14 showed medial meniscus tear. Cortisone injection helped only for a short time. She is reported to have had left knee meniscal root repair sometime in Sept. 2014. The September 2014 medical reports were not provided for this review. On 12/08/14 utilization review denied PT 3x4 for the left knee because it exceeds the recommended frequency and/or duration in the MTUS and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of Physical Therapy 3x for 4wks Left Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The patient had left knee meniscal repair in September 2014. The 10/2/14 report states the patient is attending PT and has been improving, and was walking with a cane, despite medical orders for non-weight bearing. Postsurgical Treatment Guidelines for Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5) shows the postsurgical physical medicine treatment period as 6-months, and the general course of therapy is 12 visits and the initial course of care is half the general course of care or 6 sessions. The postsurgical guidelines state: "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." There is no mention of the total number of postsurgical PT visits the patient has had. The initial PT report dated 9/17/14 states the patient is only able to stand 10 mins, the 10/24/14 PT report states the patient can stand and walk for 20 mins, and the 11/28/14 PT report states the patient is now able to stand and walk 30 mins at a time. The PT appears to be providing improvement in function. There appears to be additional functional improvement available. The request for additional PT within the postsurgical physical medicine period appears to be in accordance with the MTUS guidelines. The request for Twelve sessions of Physical Therapy 3x for 4wks Left Knee IS medically necessary.