

<b>Case Number:</b>	CM15-0004217		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 54-year-old male who reported injury on 06/11/2014. His mechanism of injury was lifting a water heater, and injured his back and left leg. His diagnoses included osteoarthritis of the knee, internal derangement of the knee, lumbosacral spondylosis without myelopathy, lumbar strain, general and unspecified arthrosclerosis, and obesity. His treatments have included chiropractic care, physical therapy, pain medication, work modification, hot and cold packs, neurostimulator and home exercise; his medications included Ultram 50 mg and Prilosec 20 mg. There was a left knee MRI, on 07/29/2014, that revealed medial meniscus posterior horn and body complex tears, lateral meniscus posterior horn radial tear with probable displaced fragments seen just above the lateral tibial spine, complete longstanding rupture of the ACL, posterior cruciate ligament mucoid degeneration and likely associated high grade sprain, and scattered areas of tricompartmental joint space chondromalacia. The injured worker had surgery for repair of the left knee meniscus tear, rupture of ACL was repaired 12/2014. He was certified for 6 postop PT visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions to the 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 request for physical therapy 12 sessions to the left knee is not medically necessary. The California MTUS Guidelines state for postoperative treatment of dislocation of knee; tear of medial/lateral cartilage/meniscus of knee; or dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5), postsurgical treatment: (meniscectomy) is recommended for 12 visits over 12 weeks. There is a lack of documentation regarding improvement from those physical therapy visits postoperatively. As there have already been 6 visits authorized, the guidelines recommend up to 12 visits, an additional 12 visits exceeds the guideline recommendation. The request for physical therapy 12 sessions to the left knee is not medically necessary.