

<b>Case Number:</b>	CM15-0009295		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 40 year old male, who sustained an industrial injury on 7/22/2014. He has reported right knee pain. The diagnoses are not reported. He has reported injury to right knee due to twisting. Magnetic Resonance Imaging (MRI) of the right knee 9/4/14 significant for complex medial meniscus tear with a displaced meniscal fragment. The diagnoses have included right knee/leg sprain and right knee meniscal tear. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, and activity modification. Currently, the IW complains of persistent knee pain increased with bending and squatting. Physical examination from 11/19/14 was significant for positive McMurray sign and Aplys's tests, and tenderness with palpation. The plan of care included surgical repair of a complex tear with displaced meniscal bucket handle tear. On 12/29/2014 Utilization Review non-certified physical therapy two (2) times weekly for six (6) weeks, left knee. On 1/15/2015, the injured worker submitted an application for IMR for review of physical therapy two (2) times weekly for six (6) weeks, left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week times 6 weeks for the left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the MTUS Guidelines, the recommended postsurgical treatment meniscectomy is 12 visits over 12 weeks and the postsurgical physical medicine treatment period is 6 months. The medical notes indicate that the injured worker has right knee complaints and significant finding on exam and MRI of the right knee. The requesting physician requested authorization for left knee surgery and this request is for left knee therapy. Medical necessity of this request has not been established as there are no significant findings or complaints regarding the left knee. The request for physical therapy 2 times a week times 6 weeks for the left knee is determined to not be medically necessary.