

<b>Case Number:</b>	CM15-0009479		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old male, who sustained an industrial injury on September 17, 2010. The diagnoses have included degeneration of cervical intervertebral disc, chronic pain syndrome, knee pain, degeneration of lumbar intervertebral disc and brachial radiculitis. Treatment to date has included meniscal repair on August 5, 2014, Magnetic resonance imaging revealed a complex tear of the medial meniscus. Currently, the injured worker complains of right knee pain that is described as aching and constant, joint swelling, oral pain medication, Non-steroidal anti-inflammatory drug, topical medication. In a progress note dated November 21, 2014, the treating provider reports swelling noted over the right knee joint. On January 6, 2015 Utilization Review non-certified a postoperative physical therapy left knee, left knee Menisectomy-chondroplasty, patella, and DME-cold therapy unit, unable to determine what guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 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 ACOEM Chapter 13 Knee Complaints  
Page(s): 343-350.

**Decision rationale:** 61 yo male with knee pain. MTUS criteria for knee surgery not met. The medical records do not indicate that the patient has tried and failed adequate conservative measures to include PT. Postop PT is not needed since surgery is not needed.

**Post-operative cold therapy unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-350.

**Decision rationale:** 61 yo male with knee pain. MTUS criteria for knee surgery not met. The medical records do not indicate that the patient has tried and failed adequate conservative measures to include PT. Postop PT is not needed since surgery is not needed.