

<b>Case Number:</b>	CM15-0102163		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Indiana, Oregon  
 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:

This is a 33-year-old female with a November 6, 2009 date of injury. A progress note dated May 2, 2015 documents subjective findings (pain primarily on the medial aspect of the patella), objective findings (decreased range of motion of the left knee; mild patellofemoral crepitation; medial joint line tenderness; tenderness along the medial patella), and current diagnoses (left knee internal derangement). Treatments to date have included physical therapy (no relief), cortisone injections (transient relief), magnetic resonance imaging of the left knee (November 12, 2014; showed evidence of edema of the medial tibial plateau and some degree of patellar tendinosis), and medications. The treating physician documented a plan of care that included postoperative physical therapy following left knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Physical Therapy, Left Knee, 2 times wkly for 8 wks, 16 sessions: Upheld**

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

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

**Decision rationale:** According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially ½; of the 12 visits to be performed. As the request exceeds the initial allowable visits, the request is not medically necessary.