

<b>Case Number:</b>	CM15-0141338		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, Oregon, 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:

This 41 year old man sustained an industrial injury on 10-13-2014 after a fall between a door and a trailer. Diagnoses include left knee medial meniscus tear, internal derangement, and chondromalacia. Treatment has included oral medications, injection therapy, physical therapy, continue home exercise program, bracing, and electrical stimulation. Physician notes on a doctor's first report of occupational injury or illness form dated 5-11-2015 show complaints of left knee and calf pain with numbness and tingling. Recommendations include surgical intervention and Ibuprofen.

### 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 for 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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

**Decision rationale:** Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks. The request for physical therapy 2 times per week for 8 weeks exceeds the MTUS postoperative guidelines, and thus the recommendation is for non-certification. Therefore, the request is not medically necessary.