

<b>Case Number:</b>	CM15-0148041		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 10-15-2014. Diagnoses include knee sprain, contusion hip and other and unspecified derangement of medial meniscus. Treatment to date has included arthroscopic surgery of the left knee (2013), and surgery on the right knee (undated), as well as conservative treatment including modified work, physical therapy, bracing, injections, rest, ice application, medication management, and home exercise. Per the Primary Treating Physician's Progress Report dated 4-22-2015 and 5-19-2015, the injured worker reported right and left knee pain located in the medial area described as an ache with associated numbness, tingling, swelling and spasm. He also reported right hip pain due to continued altered gait. Physical examination of the left knee revealed trace edema with limited range of motion. There was medial and lateral joint line tenderness. McMurray test was positive. The plan of care included a hinged knee brace, medications and home exercise. Authorization was requested for left knee revision, diagnostic and operative arthroscopy meniscectomy versus repair and possible debridement with possible chondroplasty, medical clearance, postoperative hinged brace, and 12 postoperative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy 12 sessions:** 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:** 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 of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification, therefore is not medically necessary.