

<b>Case Number:</b>	CM15-0149396		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old male, who sustained an industrial injury on September 6, 2012. The injured worker was diagnosed as having medial meniscus tear of left knee. Treatment to date has included left knee arthroscopy on May 15, 2015, physical therapy and medication. A progress note dated July 6, 2015 provides the injured worker is "making excellent progress" post-operatively and completed 12 physical therapy treatments. He has compensatory symptoms in the right knee. Physical exam notes well healed left knee surgical scars, decreased strength and range of motion (ROM) of 0-120 degrees. The plan includes right knee follow-up and additional physical therapy to the 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 for 6 weeks for the left knee:** 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:** The claimant sustained a work-related injury in September 2012 and underwent left knee arthroscopic surgery on 05/15/15 for a meniscus tear. When seen, he had completed 12 post-operative physical therapy treatments. He was making excellent progress. There was decreased knee strength with nearly normal range of motion. He was having compensatory right knee symptoms. An additional 12 physical therapy treatment sessions were requested. Guidelines address the role of therapy after the claimant's knee surgery with a postsurgical physical medicine treatment period of 6 months and up to 12 physical therapy visits over 12 weeks. In this case, the claimant is doing well with minimal residual impairments and the additional number of visits requested is in excess of that recommended. The additional number of therapy sessions is in excess of what would be required to finalize a home exercise program. The request was not medically necessary.