

<b>Case Number:</b>	CM15-0208205		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	06/08/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 45 year old female, who sustained an industrial-work injury on 6-8-14. She reported initial complaints of right knee pain. The injured worker was diagnosed as having right knee pain, right knee osteoarthritis, and right knee complex tear of lateral meniscus and medial meniscus. Other diagnoses include hypertension, osteoarthritis, obesity, and diabetes. Treatment to date has included medication, physical therapy, injections, and activity modification. MRI (magnetic resonance imaging) reports osteochondral defects in lateral patella facet, osteoarthritis, lateral and medial meniscus tears, and bony ossicles outside. Currently, the injured worker complains of 9-15-15 chronic severe knee pain and instability with giving out of knee several times a week. She notes swelling in the knee. Meds include Tramadol 50 mg. and Norco 10-325 mg. Per the primary physician's progress report (PR-2) on exam noted normal gait, varus alignment of the right knee, positive Mc Murray test, decreased quadriceps and hamstring muscle strength, restricted right knee range of motion, right knee swelling and effusion, and right joint line tenderness both laterally and medially. The Request for Authorization requested service to include Post-operative physical therapy, 12 sessions. The Utilization Review on 9-30-15 modified the request for Post-operative physical therapy, 6 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 2009, Section(s): Knee.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**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 request is not medically necessary and the determination is for non-certification.