

<b>Case Number:</b>	CM15-0024786		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 worker is a 39 year old male who was injured on 11/22/13. He was diagnosed with torn meniscus left knee and left knee pain. He was treated with injections and medications. He underwent an arthroscopy of the left knee on 3/3/14, without any surgical intervention. He later underwent left knee arthroscopic partial medial meniscectomy on 12/5/14. He then completed 24 sessions of post-operative physical therapy for his left knee and was treated with medications. On 1/14/15, the worker was seen by his treating physician reporting pain reduction and ability to work. He was recommended an additional 8 sessions of physical therapy for continued strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 8 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Post-Surgical Treatment Guidelines state that following a partial meniscectomy of the knee, physical therapy is recommended (up to 12 supervised sessions over 12 weeks). The goal with physical therapy is to successfully transition the worker to confidence and skill with home exercises to continue physical medicine following this upper limit of supervised physical therapy. The worker, in this case, had reportedly completed 24 sessions of physical therapy for his left knee, which seemed to help. However, there was no indication that the worker was unable to perform home exercises to continue his therapy. Unsupervised home therapy is more appropriate at this stage for this worker, and therefore, the 8 additional visits of physical therapy will be considered medically unnecessary.