

<b>Case Number:</b>	CM15-0026068		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/29/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Illinois, California, Texas  
 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 24-year-old male with a date of injury of 6/29/14. Injury occurred when he was walking down steps, lost his footing, and his left knee bend inward instead of out. He was diagnosed with a lateral meniscus tear. He underwent left knee diagnostic arthroscopy with partial lateral meniscal resection, synovectomy, and chondroplasty of the lateral tibial plateau on 10/20/14 with 8 post-op physical therapy visits certified. The 12/15/14 treating physician documented follow-up for improving left knee symptoms, five weeks post-op. The left knee exam documented a well healed incision, 0 to 135 degree range of motion, residual quadriceps weakness, no varus or valgus instability, and a negative McMurray's sign. The treating physician prescribed services for additional physical therapy x6 to the left knee. Follow-up was scheduled for 3 to 4 weeks, anticipating release to full duty at this time. The 1/29/15 UR determination non-certified the request for physical therapy x6 to the left knee, citing MTUS guidelines. The rationale indicated that the patient had completed a sufficient number of post-op physical therapy visits and there was no clinical evidence that he was unable to complete his rehabilitation with an independent home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x6 to the left knee:** Overturned

**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 California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. The patient was 5 weeks post op with residual quadriceps weakness and inability to return to full duty work. He had completed 8 post-op physical therapy sessions with no clear indication of a home exercise program.. Although this request slightly exceeds the total recommended general course, additional therapy is reasonable based on functional weakness precluding return to work and absent documentation of a fully matured home exercise program. Therefore, this request is medically necessary.