

<b>Case Number:</b>	CM15-0046500		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Arizona, California  
 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 injured worker is a 54 year old female, who sustained an industrial injury on 02/25/2014. She has reported subsequent left knee and left lower extremity pain and was diagnosed with left knee medial meniscus tear and left knee lateral meniscus bucket-handle tear, lateral tibial plateau and subchondral bone cyst. Treatment to date has included oral pain medication, physical therapy, knee brace and surgery. In a progress note dated 01/14/2015, the injured worker complained of left knee pain. Objective findings were notable for slight warmth around the left knee and up into the lateral thigh with tenderness, atrophy of the left calf, severe swelling on the left knee and thigh and reduced range of motion. The physician noted that the injured worker was two months post-left knee arthroscopy and needed additional physical therapy due to continued decreased range of motion, weakness and swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twice a week for six weeks to the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter- physical therapy and pg 54.

**Decision rationale:** According to the guidelines, physical therapy is recommended for 12 visits over 12 weeks post-surgical for meniscal injuries. In addition, the ACOEM guidelines physical therapy is recommended for education and counseling with further sessions to be completed at home. The request for 12 addition sessions (total 24) exceed the guideline recommendations and is not medically necessary.