

<b>Case Number:</b>	CM15-0049750		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/05/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Maryland

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

### 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 49-year-old male who sustained an industrial injury to his left knee, left hand and thumb on July 5, 2014. The injured worker was diagnosed with left medial meniscus tear and left thumb sprain. The injured worker underwent left knee arthroscopic partial medial meniscectomy, debridement, chondroplasty and limited synovectomy on December 11, 2014. The injured worker has completed 12 sessions of physical therapy post operatively. According to the treating physician's progress report on February 6, 2015, the patient was evaluated postoperatively. Examination of the left knee noted swelling and a moderate effusion with decreased range of motion. Aspiration of the effusion (50cc) followed by a steroid injection was performed. Current medications are listed as Percocet. Treatment plan consists of medication, home exercise program and the request for additional physical therapy for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Post-operative Physical Therapy 2 x 5, 10 sessions for the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

**Decision rationale:** Continue Post-operative Physical Therapy 2 x 5, 10 sessions for the Left Knee is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 12 visits for this surgery of post op therapy. The patient has met this number of visits and should be versed in a home exercise program. There are no extenuating factors that would require an additional 10 supervised therapy sessions for the left knee. The request for continued post op therapy is not medically necessary.