

<b>Case Number:</b>	CM15-0053908		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 66-year-old male who sustained an industrial injury on 2/08/11. Injury was reported relative to cumulative job duties. The 10/23/14 right knee MRI impression documented complex tearing of the anterior cruciate ligament, chronic-appearing extensive tearing of the medial meniscus, moderate to severe medial compartment degenerative changes, and full thickness cartilage loss in the medial compartment, lateral tibial plateau, and patella. Records documented that the injured worker was authorized for a right knee arthroscopic surgery and 6 post-op physical therapy visits on 12/5/14. He underwent right knee arthroscopy with tricompartmental synovectomy, medial meniscectomy, and chondroplasty, medial femoral condyle, on 2/11/15. The 3/3/15 treating physician report indicated that the injured worker had not yet begun physical therapy. Physical exam documented antalgic gait, healed incisions, and range of motion 0-100 degrees. The treatment plan recommended post-op physical therapy for the right knee, 12 visits. The 3/12/15 utilization review non-certified the request for 12 post-operative physical therapy visits as there was a prior authorization for 6 visits that had yet to be completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postsurgical physical therapy for the right knee, #12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**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. Records documented that the initial 6 post-op physical therapy visits had been authorized and had not been completed. This request for 12 additional physical therapy visits markedly exceeds the general recommended course of post-surgical treatment. There is no compelling reason to support the medical necessity of additional treatment until the initial visits are completed, and functional assessment reported. Therefore, this request is not medically necessary.