

<b>Case Number:</b>	CM15-0054441		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 28 year old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 21, 2014. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for continued postoperative physical therapy for the knee. The claims administrator noted that the applicant had undergone earlier knee surgery on September 30, 2014. The claims administrator referenced a March 9, 2015 RFA form in its determination, along with a progress note dated March 2, 2015. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported ongoing complaints of knee pain. The treating provider noted that the applicant had completed 24 sessions of postoperative physical therapy following earlier knee partial lateral meniscectomy surgery on December 30, 2014. It was stated that the applicant was tolerating modified duty and was performing home exercises. Naprosyn, home exercises, and work restrictions were endorsed. In a subsequent progress note dated April 6, 2015, the applicant reported persistent complaints of knee pain, exacerbated by climbing, jogging, squatting, and kneeling, 5-6/10. The applicant was asked to pursue a MR arthrogram of the knee to rule out internal derangement following earlier knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued post-operative physical therapy 2 x 6, left knee: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did base their decision on the MTUS Citation 9792.24. 3. Postsurgical Treatment Guidelines (c) Postsurgical Patient Management (4) Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks.

**Decision rationale:** No, the request for an additional 12 sessions of postoperative physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. The applicant had already had prior treatment (24 sessions, per the treating provider) during the five and a half months between the date of earlier knee surgery, September 30, 2014 and the date of the request, March 9, 2015, i.e., treatment well in excess of the 12-session course recommended in the MTUS Postsurgical Treatment Guidelines following earlier meniscectomy surgery. MTUS 9792.24.3.c.4 further notes that the frequency of visits shall be gradually reduced or discontinued over time as an applicant gains independence in management of symptoms and with achievement of functional goals. Here, all evidence on file pointed to the applicant having effectively plateaued despite completion of 24 prior sessions of physical therapy. The applicant continued to work, albeit with restrictions in place. In April 2015, the treating provider went on to seek authorization for knee MR arthrography, seemingly on the grounds that residual internal derangement of the knee was suspected on or around that date. All of the foregoing, taken together, suggested that the applicant had effectively plateaued following completion of 24 prior sessions of postoperative physical therapy. Therefore, the request for additional postoperative physical therapy was not medically necessary.