

<b>Case Number:</b>	CM15-0058217		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/01/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 48-year-old male who sustained an industrial injury on 11/01/14, relative to a slip and fall onset his left knee. The 12/13/14 left knee MRI demonstrated a lateral meniscus tear and medial condyle osteochondral bone contusion. Conservative treatment included anti-inflammatory medications, pain medications, work restrictions, and physical therapy. The 2/20/15 treating physician report cited grade 5/10 left knee pain with associated symptoms of pins-and-needles, numbness, and tingling. Physical exam documented trace knee effusion, lateral joint line tenderness, range of motion 0-135 degrees, positive lateral McMurray's, patellofemoral crepitus, and positive patellar compression test. The treating physician requested post-operative physical therapy two times a week for four weeks status post left knee arthroscopy with meniscal and cartilage work. The 3/24/15 utilization review certified the request for left knee arthroscopy with lateral meniscus and cartilage work. The request for post-op physical therapy 2x6 (12) was modified and approved for 6 initial sessions consistent with the Post-Surgical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy 2x6 (12) for the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 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. The 3/24/15 utilization review recommended partial certification of 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.