

<b>Case Number:</b>	CM15-0086501		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old female injured worker suffered an industrial injury on 04/25/2013. The diagnoses included right arthroscopy 12/9/2014. Meniscal tear, synovial hypertrophy, iliotibial band syndrome, patellar chondromalacia and patellar tendonitis. The diagnostics included right knee magnetic resonance imaging. The injured worker had been treated with right knee arthroscopy, medication, cortisone injections and TENS. On 4/2/2015, the treating provider reported reduced range of motions with no erythema or swelling. The treatment plan included post-op physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixteen (16) sessions of post-op physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee, pages 14-15; Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72); Postsurgical treatment: 12 visits over 12 weeks Postsurgical physical medicine treatment period: 4 months.

**Decision rationale:** The patient is s/p lateral knee meniscectomy on 12/9/14 and has completed 16 post-op PT visits now with request for an additional 16 more sessions. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now almost 6 months without documented functional limitations, post-operative complications, or comorbidities to allow for additional physical therapy. There is reported functional improvement from treatment of 16 PT visits already rendered to transition to an independent home exercise program. The Sixteen (16) sessions of post-op physical therapy is not medically necessary and appropriate.