

<b>Case Number:</b>	CM13-0030000		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois and Texas. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57 year old female that reported an injury on 02/04/2013. The patient reported that there was a week of slow onset of pain while working. The MRI dated 06/11/2013 reveals a 4.5 mm medial extrusion of the body of the medial meniscus, which is consistent with a tear of the meniscal that extends to the femoral articular surface, and consistent with an oblique tear. The medical records do not provide a date of surgery for the knee surgery. There are no medical records showing that any post-surgical therapy had been performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy 2xWk x6Wks Right Knee:** Upheld

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

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

**Decision rationale:** The request for the postsurgical therapy of twice a week for six weeks is non-certified. The medical paper work did not note any surgical procedures, level of pain, range of motion or any other physical findings. The patient did report a work injury on 02/4/2013 that came from a week of slow onset pain that was noted in the clinical records to not be from twisting or hitting the knee. The MTUS does state that postsurgical physical medicine treatment

of 12 visits over 12 weeks. Due to the lack of documentation related to the surgery, any conservative care, pain, and location of pain, the request is non-certified.