

<b>Case Number:</b>	CM14-0117046		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/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:

This is a 46 year old male claimant with an industrial injury dated 12/20/12. X-rays of the left knee dated 11/13/13 demonstrate evidence of medial joint space narrowing with small osteophyte formation and spurring on the left medial and lateral aspect of the patella. Exam note 06/20/14 states the patient returns with left knee pain. Conservative treatments have included a corticosteroid injection, physical therapy, home exercises, and medications, all in which provided some pain relief. Current medications include Vicodin. Upon the physical exam there was pain with a restricted knee extension. Treatment plan includes a left knee arthroscopic partial medial meniscectomy versus repair, chondroplasty, and debridement; in addition to additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Physical Therapy two (2) times a week for six (6) weeks 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):  
24.

**Decision rationale:** According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12 week period. The guideline recommends initially 6 of the recommended visits. In this case, the 12 visits exceed the 6 recommended initially. Therefore, the determination is that the request as written is not medically necessary.