

<b>Case Number:</b>	CM14-0129582		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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:

The injured worker is a 46 year old male whose date of injury is 09/14/2012. The mechanism of injury is not described. The injured worker is status post multiple right knee surgeries. The injured worker underwent right knee arthroscopic debridement with lateral meniscus repair on 06/26/14. Note dated 07/09/14 indicates that there is mild swelling and portals are healed. There is mild crepitus. Quadriceps and hamstring strength is 4/5. Diagnoses are right lateral meniscus tear, chondromalacia patella, and chondromalacia trochlea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 (12 sessions):** 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 injured worker underwent right knee arthroscopic debridement with lateral meniscus repair on 06/26/14. MTUS guidelines would support an initial trial of 6 postoperative physical therapy visits with up to 12; with evidence of objective functional improvement. The injured worker's objective functional response to the initially certified 6 physical therapy visits is not documented to establish efficacy of treatment. There is no current,

detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. As such, the request is not medically necessary.