

<b>Case Number:</b>	CM14-0137638		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Family Medicine 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:

The injured worker is a 52 year old female whose date of injury is 05/02/2013. The injured worker lifted a 5 gallon paint bucket and felt a snap in the right knee. Treatment to date includes right knee arthroscopy on 12/04/13 and postoperative physical therapy. The submitted records indicate that the injured worker has completed 40 physical therapy visits postoperatively. Note dated 05/09/14 indicates that the injured worker underwent right knee meniscectomy on 12/04/13. Right knee range of motion is 3-119 degrees. Injured worker is responding well to dynasplint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** Based on the clinical information provided, the request for physical therapy 2 x 4 is not recommended as medically necessary. The injured worker underwent right knee meniscectomy in December 2013 and has completed approximately 40 postoperative physical

therapy visits to date. The CA MTUS guidelines support up to 12 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.