

<b>Case Number:</b>	CM14-0141133		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 36-year-old female who was injured in a work related accident on 05/24/12. Medical records provided for review specific to the claimant's right knee included the 07/21/14 PR2 report noting ongoing complaints of knee pain aggravated by activities including squatting and jumping. Physical examination showed zero to 130 degrees range of motion, diminished quadriceps strength at 4/5, a small joint effusion, patellofemoral crepitation, compression testing with medial greater than lateral joint line tenderness and a positive McMurray's sign. The report of an MRI of 09/20/13 showed no interval change from initial MRI with small peripheral tearing of the medial meniscus. The recommendation was made for a knee arthroscopy procedure. The twelve sessions of physical therapy being requested is for post-operative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 visits, Right Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23-24.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines support the request for twelve sessions of post-operative physical therapy. The Postsurgical Guidelines recommend

the need for up to twelve sessions of physical therapy following a meniscectomy performed arthroscopically. The request in this case would fall within the Postsurgical Guidelines and is recommended as medically necessary.