

<b>Case Number:</b>	CM14-0141245		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/25/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/22/2014
<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 Physical Medicine and Rehabilitation 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 55-year-old male who reported a work related injury on 03/25/2012 due to climbing a train. The injured worker's diagnoses include status post left knee arthroscopy. His past treatment has included physical therapy and medication. The injured worker had an MRI of the left knee on 02/08/2013 which revealed a noncomplex tear involving the interior articular surface of the body of the medial meniscus, a non-displaced degenerative type tear involving the anterior horn/anterior root lateral meniscus, and focal high grade cartilage loss along the median ridge of the patella with partial thickness loss. The injured worker had a left knee arthroscopy; the date was not specified. The most recent note, dated 08/12/2014, was handwritten and difficult to read, with limited findings. It noted the injured worker's subjective complaints were unchanged. The injured worker's prescribed medications included Norco. The treatment plan consisted of 8 Additional Post-operative Physical Therapy Sessions (Evaluate and Treat) for the left knee, 2 times a week for 4 weeks, as an outpatient. The request for authorization form was submitted on 08/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Post-operative Physical Therapy Sessions (Evaluate and Treat) for the left knee, 2 times a week for 4 weeks,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The request for 8 additional post-operative physical therapy sessions for the left knee, 2 times a week for 4 weeks, is not medically necessary. The California MTUS Post-Surgical Treatment Guidelines recommend 12 visits over 12 weeks for postsurgical treatment for a meniscectomy. In regards to this injured worker, the documentation within the progress report was difficult to read. It indicates the injured worker is status post a left knee arthroscopy for a medial meniscus tear; the date of surgery was not provided. The clinical documentation did not describe any current significant functional deficits with regards to the knee or quantifiable objective functional improvements with previous physical therapy sessions. Within the documentation it was noted that the injured worker completed sessions of physical therapy. However, details regarding those sessions was not provided for review. There is also no documentation of a home exercise program. In order to determine whether additional physical therapy is appropriate, more thorough documentation regarding the prior therapy, including the number of visits completed, would need to be provided. Therefore, based on the lack of documentation regarding the injured worker's surgery and previous therapy, the request is not supported as medically necessary.