

<b>Case Number:</b>	CM14-0161495		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Neurological 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:

The patient is a 52 year old female who sustained a work related injury on 12/04/2012. She underwent left knee arthroscopy in 2011 but pain still persists. The patient was seen on 04/21/2014 for her medial right knee pain. She rated his pain as a 6/10 with cramping and felt sharp in nature. She reported swelling and giving way. She is scheduled for a partial meniscectomy right knee arthroscopy. On exam, her right knee is tender with grade 1+ effusion. Range of motion is from 0 to 120 degrees. The patient has instability laterally, anteriorly and posteriorly. McMurray testing is positive and there is crepitus present with pain. She has had MRI testing of her right knee which revealed horizontal cleavage tear medial meniscus. Her diagnoses are right knee pain and right knee mild tricompartmental osteoarthritis. On 08/18/2014, the patient was recommended for physical therapy in conjunction with a home exercise program but there are no reports documenting any physical therapy sessions and its outcome. Prior utilization review dated 09/08/2014 states the request for 12 Additional Post-Operative Outpatient Physical Therapy to the Right Knee (2 times 6 weeks, status post meniscectomy) is not certified as there is documented evidence of functional improvement from previous therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional post-operative outpatient physical therapy to the right knee (2 times 6 weeks, status post meniscectomy): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Therapy , Post-Surgical Treatment

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** Regarding to post-operative outpatient physical therapy to the right knee, the MTUS guidelines state: Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks Postsurgical physical medicine treatment period: 6 months additional postoperative outpatient physical therapy to the right knee, 2 times 6 weeks, status post meniscectomy. There are no attending physician notes, operative notes, or previous physical therapy notes included for review. Additional physical therapy cannot be certified until the total previous number of therapy sessions has been adequately documented. Therefore, the medical necessity for post-operative outpatient physical therapy to the right knee is not medically necessary based on guidelines and lack of documentation.