

<b>Case Number:</b>	CM14-0164612		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

51 year old female claimant with an industrial injury dated 08/01/13. The patient is status post a right knee arthroscopy with anterior horn of medial meniscus repair with medial plica resection and complete synovectomy on 07/16/14. The patient has completed 12 physical therapy sessions and has seen improvement. In addition the patient has undergone 6 acupuncture sessions and modified the pain from a 6/10 to 5/10. Exam note 09/05/14 states the patient returns for a follow up visit on the right knee pain. The patient states that the knee is improving with physical therapy and wishes to continue. Upon physical exam there is evidence of swelling and tenderness. Range of motion was noted to have swelling with tenderness and extension of 0 degrees. Treatment includes a continuation of post-operative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physiotherapy two (2) times a week times four (4) weeks to the right knee:**  
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:** According to the CA MTUS/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case the exam note from 9/5/14 does not demonstrate any functional improvement as a result of prior physical therapy, functional improvement or significant objective findings to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore, the Postoperative physiotherapy two (2) times a week times four (4) weeks to the right knee is not medically necessary and appropriate.