

<b>Case Number:</b>	CM14-0171091		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Chiropractor 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 claimant is a 67-year-old female who was involved in a work injury on 8/9/2013 in which she injured her knee. Following a failure of conservative treatment to bring about a resolution of her condition the claimant underwent right knee arthroscopy with partial medial meniscectomy, partial lateral meniscectomy, chondroplasty of the patella, and debridement with subtotal synovectomy of the interior compartment on 8/20/2014 with [REDACTED]. On 8/25/2014 the claimant underwent a postoperative evaluation with [REDACTED]. The claimant was diagnosed with postsurgical status, internal derangement of the knee and medial meniscus tear. The recommendation was "patient will start physical therapy as authorized." On 9/5/2014 the claimant's PTP, [REDACTED], evaluated the claimant. Under the recommendations it was noted that "patient is recommended to proceed with times 12 postsurgical physical therapy procedures as recommended by [REDACTED], orthopedic surgeon. [REDACTED] has designated this office to direct the postsurgical physical therapy procedures for this patient. The request was for 12 physical therapy treatments. This request was denied by peer review. The peer review was addressed as 12 postsurgical chiropractic therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Post-Surgical Chiropractic Therapy Sessions for the right knee between 9/18/2014 and 11/2/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, postoperative therapy

**Decision rationale:** Medical treatment utilization schedule postoperative guidelines indicates that 12 visits for postoperative therapy can be considered appropriate. The request from [REDACTED] [REDACTED] was for postoperative physical therapy. The claimant underwent surgery on 8/20/2014 and was released by his surgeon on 8/25/2014 to begin postoperative therapy. Therefore, consistent with medical treatment utilization schedule postoperative and ODG guidelines, the medical necessity for the requested 12 postsurgical physical therapy treatments was medically necessary.