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| <b>Case Number:</b>   | CM14-0180002 |                              |            |
| <b>Date Assigned:</b> | 11/04/2014   | <b>Date of Injury:</b>       | 08/20/2013 |
| <b>Decision Date:</b> | 12/16/2014   | <b>UR Denial Date:</b>       | 10/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2014 |

### 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 Internal Medicine and is licensed to practice in New York. 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 45 year old male with a date of injury of 08/20/2013. He was picking up litter when he tripped and fell and injured his left knee. He had a left knee arthroscopic meniscectomy and debridement. Twelve (12) physical therapy visits were approved and he went to 4 of those visits. The request is now for 16 to 24 more visits. He continued to have left knee pain. The date of the arthroscopy was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 times per week for 8 weeks:** Upheld

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

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

**Decision rationale:** The MTUS, page 24 notes "Post-surgical treatment: (Meniscectomy): 12 visits over 12 weeks". He has already completed 4 visits but it is unclear if this was done before or after the meniscectomy. The maximum after meniscectomy is 12 visits. An additional 16 to 24 visits is not consistent with the MTUS guidelines. Previously, the request was modified to approve 12 visits which is within the guideline. The request is not medically necessary.

