

<b>Case Number:</b>	CM14-0095417		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 sustained work-related injuries on September 20, 2013. He is status post arthroscopic partial medial meniscectomy which was performed on March 21, 2014 and had 12 postoperative physical therapy visits. The most recent medical records dated May 14, 2014 documents that he returned to his provider for a follow of left knee pain rated 7/10 which was intermittent and remained the same. He complained of pain radiating to his ankle. He was taking Norco one tablet a day or on as needed basis but caused drowsiness. He attended physical therapy and has complete five sessions which were helpful. On examination of the left knee, the range of motion was limited with flexion. Slight tenderness was noted over the medial joint line. He is diagnosed with (a) left knee posterior horn medial meniscus tear, (b) left knee early medial compartment osteoarthritis, and (c) status post left knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 post-operative physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

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

**Decision rationale:** Evidence-based guidelines that additional postoperative physical therapy can be provided if it can be determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the injured worker underwent left knee arthroscopy in March 2014 and had 12 postoperative physical therapy sessions which is the recommended general course of postoperative physical therapy by evidence-based guidelines. In addition, the postoperative physical medicine period is within four months. However, in review of this injured worker's physical therapy, the notes do not indicate any decrease in pain levels as well as any evidence of functional improvements. These pre-requisites are needed in order to warrant additional physical therapy sessions. A review of the progress notes of this injured worker dated May 14, 2014 also does not document the said requisites. There is also no documentation that the injured worker will not benefit from unsupervised home exercise program. Based on these reasons, the medical necessity of the requested 12 additional postoperative physical therapy sessions is not established.