

<b>Case Number:</b>	CM15-0015096		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 56-year-old female, with a reported date of injury of 04/12/2014. The diagnoses include right knee meniscus tear, right knee synovitis, right knee effusion, and right knee chondromalacia. Treatments have included an MRI of the right knee on 08/30/2014, right knee arthroscopy, synovectomy, chondroplasty, removal of loose bodies, partial medial and lateral meniscectomy, and fascial sheath injection on 11/21/2014, and post-operative physical therapy. The medical report from which the request originates was not included in the medical records provided for review. The medical records show that eight physical therapy visits were provided from 12/15/2014 thru 01/16/2015. The treating provider requested additional post-operative physical therapy for the right knee. On 01/23/2015, Utilization Review (UR) modified the request for additional post-operative physical therapy 2-3 times a week for 4-6 weeks for the right knee. The UR physician noted that the guidelines recommend up to twelve visits of physical therapy after an arthroscopy of the knee. The MTUS Postsurgical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy for the right knee, two to three times weekly:**  
 Upheld

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

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

**Decision rationale:** MTUS guidelines recommend up to 12 post-op pt visits. There is no documentation of significant improvement after 8 pt visits. There is no documentation as to why the patient cannot be transitioned to a home pt program at this time.