

<b>Case Number:</b>	CM15-0019719		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

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 60 year old male, who sustained an industrial injury on March 25, 2011. He has reported twisting his right knee when his foot slipped on a ladder. The diagnoses have included internal derangement of the knee and status post right knee arthroscopy. Treatment to date has included surgery, medications, physical therapy and home exercise. Currently, the injured worker reported that his right knee was doing better since he got back into physical therapy. He was taking medication for pain. Exam note 11/6/14 demonstrates no swelling. Range of motion was noted to be short by 10 degrees. Tenderness to palpation on the medial joint line was noted. On November 11, 2014, problems listed in the physical therapy notes included complaints of right knee pain, decreased right knee active range of motion, decreased strength of right knee. On January 5, 2015 Utilization Review non-certified 12 visits of physical therapy for the right knee, noting the CA MTUS Guidelines. On January 15, 2015, the injured worker submitted an application for Independent Medical Review for review of 12 visits of physical therapy for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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 11/6/14 does not demonstrate any significant objective findings to warrant an exception 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 determination is for non-certification.