

<b>Case Number:</b>	CM15-0019886		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/02/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/22/2015
<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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old woman sustained an industrial injury on 4/2/2007 after falling off steps. Current diagnoses include status post left shoulder arthroscopic SAD and status post left knee arthroscopic medical and lateral meniscectomy and patellar chondroplasty. Treatment has included oral medications and physical therapy. Physician notes dated 1/8/2015 show popping in the left knee post-operatively. Recommendations include continuing the current physical therapy and rowing program with follow up in one month. On 1/22/2015, Utilization Review evaluated a prescription for 12 post-operative physical therapy sessions to the left knee, that was submitted on 1/26/2015. The UR physician noted that he was able to contact the physician regarding this claim. No additional information regarding the requested service or clinical status was received. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy for the left knee, 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request is considered not medically necessary. The patient had arthroscopic repair of the left knee resulting in a meniscectomy. According to MTUS guidelines, the patient should have 12 sessions of post-operative physical therapy over 12 weeks with maximum time span of 6 months. The current request is for 3 sessions a week for 4 weeks which does not follow the guidelines. But the patient was also documented to have participated in physical therapy after surgery with significant improvement in range of motion and strength. There was no clear indication as to why more physical therapy was needed and the patient should be able to perform a home exercise program. Therefore, the request is considered not medically necessary.