

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0117557 |                              |            |
| <b>Date Assigned:</b> | 06/25/2015   | <b>Date of Injury:</b>       | 05/28/2014 |
| <b>Decision Date:</b> | 07/24/2015   | <b>UR Denial Date:</b>       | 06/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/18/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male who reported an industrial injury on 5/28/2014. His diagnoses, and/or impressions, are noted to include: right knee medial and lateral meniscal tears; impingement syndrome; and pain in the joint of the lower leg. Recent magnetic imaging studies of the right knee were done on 1/6/2015, with abnormal findings noted. His treatments were noted to include second opinion consultation on 3/17/2015; right knee arthroscopic meniscectomy with chondroplasty and injection on 5/20/2015; post-operative physical therapy; knee brace; medication management with toxicology screenings; and rest from work. The progress notes of 5/28/2015 reported an 8 day, re-evaluation status-post-right knee arthroscopic surgery with noted mild bi-compartmental osteoarthritis and facet of the patella. Objective findings were noted to include minimal effusion of the right knee. The physician's requests for treatments were noted to include physical therapy for the right knee with passive and active assistive range-of-motion and strengthening exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x week x 6 weeks, right knee (12 visits):** Overturned

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

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

**Decision rationale:** The claimant sustained a work injury in May 2014 underwent an arthroscopic partial meniscectomy with patellar chondroplasty on 05/20/15. When seen, he was 8 days status post surgery. There was a minimal effusion. There was no effusion. Recommendations included postoperative physical therapy and transitioning from a postoperative knee brace to a soft knee sleeve. Ibuprofen was prescribed. Post surgical treatment after the knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of post-operative therapy visits is within accepted guidelines and medically necessary.