

<b>Case Number:</b>	CM15-0121903		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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, Indiana, Oregon  
 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 45 year old female, who sustained an industrial injury on 09/10/2012. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06/05/2015 the injured worker has reported right knee pain, right hip pain that radiates down to his lumbar spine. On examination of the right knee revealed no gross deformities, two well healed arthroscopic portal entry wound in the anterior aspect of the right knee, tenderness to palpation at the medial and lateral patellar facets at the site of the portal entry wounds, range of motion was noted to have pain full extension. The diagnoses have included status post right knee arthroscopic partial medial meniscectomy and patellar microfracture chondroplasty and secondary right knee pes anserinus bursitis. Treatment to date has included physical therapy, cortisone injections and medication. The provider requested associated surgical service: physical therapy for the right knee 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy for the right knee 2 times a week for 6 weeks:**  
 Upheld

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

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

**Decision rationale:** CA MTUS/Post surgical guidelines, Knee, page 24, recommend 12 visits of therapy over 12 week period for postoperative patients after meniscectomy. This is performed over a 4-month period. The exam note from 6/5/15 demonstrates that 12 visits were immediately performed. There is no evidence of a new injury in the cited records or objective evidence to support further visits beyond guideline recommendation. Therefore the request for additional visits exceeds the guidelines and is not medically necessary.