

<b>Case Number:</b>	CM15-0176348		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/29/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Oregon, 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 50 year old male, who sustained an industrial injury on January 29, 2015. He reported left knee pain. The injured worker was diagnosed as having other internal derangement of the knee with suspected meniscal tear, lateral meniscal tear of the left knee, early degenerative arthritis of the lateral compartment and patellofemoral joint, patellar tendinitis and diabetes. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, medications and work restrictions. Currently, the injured worker continues to report left knee pain with swelling, tenderness and decreased range of motion. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on May 7, 2015, revealed continued pain as noted. He was encouraged to continue walking. His status was noted as temporarily totally disabled. Physical therapy evaluation on June 2, 2015, revealed some progress in function and some progress in decreasing pain. The range of motion of the knee was noted to be within normal limits. Evaluation on August 17, 2015, revealed continued left knee pain. It was noted he was status post 3 weeks physical therapy that was not beneficial. Evaluation on August 26, 2015, revealed continued pain as noted. It was noted he should proceed with left knee arthroscopy. The RFA included a request for Associated surgical service: Post-operative physical therapy, three times weekly for four weeks and was modified on the utilization review (UR) on September 1, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Post-operative physical therapy, three times weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**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. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.