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| <b>Case Number:</b>   | CM15-0023400 |                              |            |
| <b>Date Assigned:</b> | 02/13/2015   | <b>Date of Injury:</b>       | 09/09/2012 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 01/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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: Illinois, California, Texas  
 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 51-year-old female who sustained an industrial injury on 9/9/12, relative to slip and fall injury to the right knee. She underwent right knee arthroscopy but continued with pain and had sustained several falls. Records documented limited range of motion, moderate patella femoral crepitation, medial and lateral joint line tenderness, and positive McMurray's test. The 12/22/14 right knee MR arthrogram showed a large radial tear versus partial resection of the posterior horn of the medial meniscus. The 1/21/15 treating physician report cited continued right knee pain with findings consistent with imaging evidence of meniscus tear. Treatment plan included right knee meniscectomy and debridement. The 1/22/15 utilization review certified a request for right knee meniscectomy and debridement. An associated surgical request for post-op physical therapy 2x8 for the right knee was modified to 12 visits consistent with Post-Surgical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 2 x 8 for right knee:** 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:** The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 1/21/15 utilization review recommended partial certification of 12 post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request is not medically necessary.