

<b>Case Number:</b>	CM15-0040583		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 39 year old male who sustained an industrial injury on 12/3/2013. His diagnoses, and/or impressions, are noted to include: right knee meniscal tear, thinning and splaying of the anterior cruciate ligament of the right knee-status-post right knee arthroscopy (1/23/15); cervical spine sprain/strain; and right elbow contusion. No current imaging studies are noted. His treatments have included right knee arthroscopy on 1/23/2015; rest from work and medication management. Progress notes of 2/5/2015 reported a follow-up visit with complaints of: frequent, moderate, radiating cervical spine pain that radiates into the bilateral arms; frequent, moderate lumbar spine pain that radiates into the bilateral legs; moderate right hand pain; moderate, constant right knee pain; and right arm pain. It was stated that all pain was made worse with activity and made better with rest and medications. Objective findings were noted to include no acute distress, an appropriate and normal affect and mood; healed incisions on the right knee with a 0-90 degree range-of-motion; and normal lower extremities. The physician's requests for treatments were noted to include initial post-operative right knee surgery physical therapy sessions, while awaiting authorization for knee brace and obtaining an appointment for authorized spine consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Initial Post-Operative Physical Therapy Visits for the 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:** 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 and therefore, is not medically necessary.