

<b>Case Number:</b>	CM15-0072593		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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

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 was a 53 year old female, who sustained an industrial injury, December 22, 2011. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies), epidural steroid injection, Tramadol, Norco, Naproxen, Gabapentin, Celexa, home exercise program, lumbar spine MRI, lumbar spine x-rays, TENS (transcutaneous electrical nerve stimulator) unit, physical therapy for the left knee, left knee brace, left knee MRI and ice. The injured worker was diagnosed with L5-S1 radiculopathy, arthroscopic surgery left knee, left patellafemoral pain syndrome, left medial meniscus tear and pain out of proportion to injury and physical findings. According to progress note of December 8, 2014, the injured workers chief complaint was left knee pain. The injured worker had arthroscopic surgery in November 2014. The physical exam noted left knee moderate effusion. There was medial joint line tenderness. The calf was soft and non-tender. There was no assessment completed on the right knee. The treatment plan included right knee postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy x12, 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, the determination is for non-certification.