

<b>Case Number:</b>	CM15-0091103		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Minnesota, Florida  
 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 53 year old male who sustained an industrial injury on 11/1/13. The injured worker was diagnosed as having internal derangement of knee not otherwise specified and sprains and strains of medial collateral ligament of knee. Currently, the injured worker was with complaints of right knee pain. Previous treatments included medication management. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. Physical examination was notable for right knee medial collateral ligament with tenderness to palpation and restricted range of motion. The diagnosis is medial meniscal tear, chronic anterior cruciate ligament tear and arthritic changes in the right knee. The plan of care was for surgery and post-operative physical therapy. The surgical request for arthroscopy, partial medial meniscectomy, and chondroplasty was certified by utilization review. However, a request for 12 post-operative physical therapy sessions was modified to 6 sessions citing CA MTUS guidelines. This is appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2 times a week for 6 weeks to 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:** California MTUS guidelines indicate 12 visits over 12 weeks for a meniscectomy. The initial course of therapy is one half of these visits which is 6. Then with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 6 visits may be prescribed. The request as stated is for 12 visits which exceeds the guideline recommendations and as such, the medical necessity of the request has not been substantiated.