

<b>Case Number:</b>	CM15-0098449		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	12/15/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 is a 57 year old female patient who sustained an industrial injury on 12/15/2014. The accident is described as during work duty she twisted to answer a telephone behind her when acute onset of left knee pain occurred. The initial report of illness dated 12/16/2014 reported the patient with subjective complaint of knee pain. The patient was diagnosed with right lateral knee sprain. She was examined, evaluated given ice application, Ibuprophen 200mg and follow up appointment. Objective findings showed the left knee tender to palpation at lateral joint line. Lacking full flexion compared to right knee, but only about 20 degrees. She was given a brace and modified work duty. She underwent a course of physical therapy without resolving benefit. That next follow up visit showed the patient with continued subjective complaint of ongoing left knee pains. Objective findings showed the patient obese, left knee with medial joint line tenderness. Radiographic study showed the left knee with minimal tricompartment osteoarthritis more prominent in the medial compartment. The treating diagnosis is left knee strain with right lateral knee sprain. The patient noted with some benefit after 6 sessions of therapy with shown functional improvement, decreased pain and increased range of motion. She is to remain on modified work duty; continue home exercise program; referral for additional therapy sessions and follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op Physical Therapy 1-2 week x 6 weeks for the left 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, it is not medically necessary.