

<b>Case Number:</b>	CM14-0112822		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old male with a 10/2/12 date of injury, from an approximately 25-foot fall. MRI of the left knee revealed a meniscal tear, degenerative joint disease of the medial joint line; 18 mm marrow space lesion of the distal femoral metaphysis. The patient underwent left knee arthroscopy with meniscectomy on 5/14/14 with pain resolution. The most recent note on 6/17/14 described sharp pain in the left knee with activity related swelling. Clinically, there was trace effusion; full extension and 120 degrees of flexion. Treatment plan requested additional Physical Therapy (PT). It was noted that 12 sessions of postoperative PT had been rendered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for left knee twice a week for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** The request is for an additional 6 session of postoperative PT. The injured worker has already completed 12 sessions of postoperative physical therapy, following meniscectomy. The MTUS postoperative physical therapy guidelines supports up to 12 sessions

of physical therapy following surgical treatment of a meniscal tear. However, it has not been discussed why the patient requires PT beyond what guidelines recommend, what functional gains were made from rendered PT, and if the patient is participating in a HEP. There remains no documentation of extenuating clinical circumstances supporting need for additional PT. The request is not substantiated. Therefore, the request for additional physical therapy for left knee twice a week for three weeks is not medically necessary and appropriate.