

<b>Case Number:</b>	CM14-0153360		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

54 year old claimant with left knee industrial injury on 5/30/13. Claimant is status post left knee arthroscopy on 8/29/14 with 20 postoperative physical therapy visits. Claimant is status post right knee surgery on 6/26/14. Exam note on 7/30/14 demonstrates a healed wound with mild tenderness over the medial joint line with range of motion 0-120 degrees and normal strength. Mild pain is noted with active extension against resistance. Request is made for 12 further visits of postoperative physical therapy for left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 3x week for 4 weeks Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. In this case the exam note from 7/30/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional

visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the determination is for not medically necessary.