

<b>Case Number:</b>	CM13-0015755		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This claimant is a 50-year-old gentleman who was injured in a work-related accident on April 1, 2013. The clinical assessment from December 5, 2013 documented follow-up after a right knee injury. The records indicated that the claimant was status post right knee arthroscopy with posterior cruciate ligament reconstruction utilizing an Achilles allograft on July 31, 2013. Following the above procedure, the claimant participated in a significant course of formal physical therapy. Examination on December 5, 2013 showed +1 effusion, medial and lateral joint line tenderness, and 0 to 90 degrees range of motion. Recommendation at that time was for an additional six sessions of physical therapy to improve range of motion with a six-week follow-up recommended for further care. The records documented that six additional sessions of physical therapy had been approved between December 13, 2013 and February 13, 2014. The total number of therapy sessions up until that time was not noted. It was noted that the claimant had been utilizing therapeutic modalities since the August 2013 postoperative course of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for physical therapy assessment/evaluation and extended established physical therapy, including myofascial release, exercises and E-STIM: 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.

**Decision rationale:** Based on California MTUS guidelines, continued physical therapy in this setting would not be recommended. At the December 5, 2013 assessment, six additional sessions of therapy to improve range of motion were authorized and approved. There is no documentation after the completion of the additional six sessions of therapy to determine the claimant's functional improvement or continuing physical limitations. Given the length of time since the claimant's surgery and the amount of physical therapy that has been rendered, the request for additional therapy cannot be supported at this stage in the clinical course of care. The request is noncertified.