

<b>Case Number:</b>	CM13-0031565		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois and Texas. 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:

The patient is a 35-year-old male who reported a work-related injury on 05/09/2009, mechanism of injury was a fall. The patient is status post a left arthroscopic anterior cruciate ligament reconstruction with allograft tendon as of 04/30/2013. The clinical notes document the patient has completed an unspecified number of postoperative physical therapy sessions. The clinical note dated 11/21/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient completed an additional 12 sessions of physical therapy and states this helped increase his range of motion and pain level between a 1 and 2. The provider documented upon physical examination, the patient's left knee range of motion was noted to be at 0 to 120 degrees. Anterior drawer testing was negative; however, there was still slight increased laxity with posterior drawer testing compared to the right knee. The provider documented the patient would continue with a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**twelve physical therapy sessions for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The clinical notes document the patient has completed an unspecified number of postoperative physical therapy sessions. The clinical note dated 11/21/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient completed an additional 12 sessions of physical therapy and states this helped increase his range of motion and pain level between a 1 and 2. The provider documented upon physical examination, the patient's left knee range of motion was noted to be at 0 to 120 degrees. Anterior drawer testing was negative; however, there was still slight increased laxity with posterior drawer testing compared to the right knee. The provider documented the patient would continue with a home exercise program. Without documentation indicating how many sessions of therapy the patient had attended, as well as progression with interventions the current request is not supported. The patient is status post acl repair from 04/ 2013 its unclear the number of physical therapy visits completed and efficacy of treatment. Given all the above the request for twelve (12) physical therapy sessions for the left knee is not medically necessary or appropriate.