

Case Number:	CM13-0036671		
Date Assigned:	06/11/2014	Date of Injury:	05/15/2012
Decision Date:	07/29/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/21/2013

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 Occupational Medicine 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:

The patient was injured on 05/15/12. He is status post left knee arthroscopic MCL reconstruction. Post operative physical therapy for left knee for 8 visits is under review. His surgery occurred on 03/13/13. He completed 36 sessions of post operative therapy as of 09/25/13. There was no objective indication of progressive, clinically significant improvement from his therapy. He attended post operative physical therapy but appears to have begun in late May 2013 and on 07/12/13, more physical therapy was ordered. He had tenderness and atrophy of the calf with tenderness of the medial knee. Range of motion was 0-123. On 08/19/13, he reported 15-20% improvement with the 8 visits. He had abnormal electrodiagnostic studies on 08/23/13 with absence of the left superficial peroneal sensory response. There was a possible nerve entrapment. The impression was severe left peroneal neuropathy at the level of the lower leg below the fibular head with acute and chronic denervation. There is also a mild underlying sensorimotor polyneuropathy. He attended 14 visits as of 09/11/13 to focus on improving knee extension strength. He reported 65-70% improvement with physical therapy. His function had improved, also. He was progressing slowly. An MRI dated 10/16/13 of the left knee revealed a posterior medial collateral ligament repair with moderate thickening of the medial collateral ligament but no evidence of free tear. There was chondromalacia or postsurgical change. There was no ACL tear. On 09/11/13, after 14 visits, a physical therapy note states he reported 65-70% improvement with rehab. He still had medial knee pain and numbness on the dorsum of his foot. He had to wear the hinged brace at all times. His function had improved. The peroneal nerve injury was known. On 09/13/13, he had a complex evaluation that noted his knee injury but not the peroneal nerve injury. On 10/24/13, he remained symptomatic and was using the knee brace. More physical therapy was denied. He had findings on physical examination with tenderness but

good range of motion. There is no information about his progress with the additional physical therapy visits that were attended (a total of 36 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy (PT) Of The Left Knee Eight Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Abnormality of Gait.

Decision rationale: The history and documentation do not objectively support the request for 8 additional PT visits at this time. The MTUS state that physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The ODG recommend "16-52 visits over 8-16 weeks (depends on source of problem)." The claimant attended 36 post operative PT sessions and only his response to the first 14 sessions has been presented for review. He was making progress with PT during that phase of care but additional information about his progress with the additional sessions was not submitted for review. Therefore, there is no clinical evidence to support the medical necessity of continued PT for 8 visits. There is no evidence that he remained unable to complete his rehab with an independent Home Exercise Program or that continuation of supervised exercises was likely to provide him with significant or sustained benefit that he could not achieve on his own. The medical necessity for eight sessions of physical therapy has been established.