

Case Number:	CM13-0039751		
Date Assigned:	01/15/2014	Date of Injury:	03/01/2012
Decision Date:	03/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/08/2013

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, has a subspecialty in Pain Management 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 is a male patient with a date of injury of 3/1/12. A utilization review determination dated 10/4/13 recommends non-certification of additional post-op physical therapy (PT) 2-3 x 6 for the left knee as 34 of 42 approved post-op sessions had been completed and they should be completed and the patient reevaluated before additional sessions can be considered medically necessary. Patient is s/p left knee arthroscopy, lateral release, open medial patellar femoral ligament reconstruction using hamstring autograft 3/12/13. Additional PT was recommended for strengthening and range of motion (ROM). A report of 8/12/13 noted that ROM was good and he was gaining strength, but the patient had some persistent pain, popping, and locking sensations that will likely continue to improve. There was also numbness expected to continue for up to a year before resolution. 6 more weeks of PT was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the left knee (2-3 times per week for 6 weeks): 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): 24-25.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for additional post-operative physical therapy for the left knee (2-3 times per week for 6 weeks), California MTUS supports up to 24 postoperative physical therapy (PT) sessions for ligamentous injuries of the knee. They also cite that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of at least 34 prior PT sessions with 42 authorized. This well exceeds the recommendations of the CA MTUS and the documentation does not identify remaining functional deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. ROM was good and the patient's strength was noted to be improving. There is no clear rationale provided for additional PT rather than transition to independent home exercise given his minimal remaining strength deficit. In light of the above issues, the currently requested additional post-operative physical therapy for the left knee (2-3 times per week for 6 weeks) is not medically necessary.