

Case Number:	CM13-0050913		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2012
Decision Date:	05/06/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 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:

The injured worker is a 27-year-old male who reported an injury on 02/08/2012. The mechanism of injury was not provided. Current diagnoses include status post left knee debridement with ACL reconstruction and lateral meniscectomy on 05/13/2013, ACL tear, medial meniscus tear, lateral meniscus tear, and MCL tear. The injured worker was evaluated on 10/22/2013. The injured worker has been able to return to physical therapy following knee surgery. Physical examination revealed 0 degrees to 130 degree range of motion of the left knee, quadriceps atrophy, minimal medial laxity, minimal medial joint line tenderness, and calf atrophy. Treatment recommendations included continuation of current physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for three weeks, for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has

completed an unknown amount of physical therapy to date. Without evidence of objective functional improvement following the initial course of therapy, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.