

Case Number:	CM13-0054526		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2013
Decision Date:	06/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 Surgeon, has a subspecialty in Spine 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 44-year-old male with a reported date of injury on 08/20/2013. The injury reportedly occurred when the injured worker was picking litter on the expansion fill landing and tripped over a piece of rebar, and felt a pain on the inside of his left knee. His diagnoses were noted to include a partial anterior cruciate ligament tear, left knee arthritis, and status post left knee meniscus tear. The injured worker had left knee surgery on 01/10/2013. An x-ray taken of the left knee of an unknown date reported narrowing medial aspect of the knee joint. Progress report dated 12/30/2013 reported the range of motion to the left lower extremity as full range of motion; and knees at flexion and extension were at full range. The provider reported the drawer signs were positive for left for partial tear, and the McMurray's test was painful medial and left. The motor strength to the knees is 5/5. The Request for Authorization form was not submitted within the medical records. The request is for outpatient physical therapy, 2 times a week for 3 weeks, for the left knee (anterior cruciate ligament protocol), the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR THREE (3) WEEKS, FOR THE LEFT KNEE (ACL PROTOCOL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, ,

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

Decision rationale: The request for outpatient physical therapy, 2 times a week for 3 weeks, for the left knee (ACL protocol) is non-certified. The injured worker has documentation of full range of motion and full motor strength. The guidelines recommend active therapy, which requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from other medical providers, such as verbal, visual, and/or tactile instructions. The injured workers are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend for myalgia and myositis unspecified, 9 to 10 visits over 8 weeks. The number of visits required falls within the guidelines; however, the injured worker is documented to have full range of motion and full motor strength, which does not warrant the need for physical therapy at this time. Therefore, the request is non-certified.