

<b>Case Number:</b>	CM13-0061748		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 is a 39-year-old male with date of injury of 06/18/2012. The listed diagnoses per the provider dated 09/17/2013 are: 1. Status post right knee anterior cruciate ligament reconstruction with allograft utilizing all inside graft link, 07/09/2013 2. Status post partial medial meniscectomy, 07/09/2013 3. Left knee sprain and strain 4. Status post right knee arthroscopy, 01/31/2013 5. Status post chondroplasty of medial femoral condyle, 01/31/2013 6. Status post subtotal medial meniscectomy, 01/31/2013. The patient is status post anterior cruciate ligament (ACL) repair from 07/09/2013. He states that he is having difficulty with prolonged standing and walking. There is swelling in the right knee. He states that he is currently not taking any medications. The examination of the right knee shows two arthroscopic portals in the joint line of the right knee on the medial and lateral sides. There is also a portal below the knee on the medial aspect and a portal on the upper anterior thigh on the lateral aspect. His range of motion was -5 degrees in extension and 30 degrees in flexion. There is tenderness on the joint line of the right knee. There is slight bruising in the suprapatellar region. The utilization review denied the request on 11/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS TO THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The patient presents with chronic right knee pain. The patient is status post right knee anterior cruciate ligament (ACL) repair from 07/09/2013. The treating provider is requesting 8 post-operative physical therapy sessions for the right knee. The MTUS Post-Operative Guidelines on cruciate ligament of knee (ACL tear) recommends 24 visits over 16 weeks. The utilization review dated 11/19/2013 documents that the patient received a total of 29 physical therapy sessions to date. The therapy report dated 11/06/2013 shows that the patient is able to perform his activities of daily living with limitations such as kneeling and bending. In addition, he no longer uses his brace and not taking any medications for pain. The patient shows functional progress following ACL repair. However, the patient has completed 29 sessions of physical therapy post surgery. The requested 8 sessions combined with the previous 29 would exceed MTUS post operative guidelines for ACL repair. While the patient continues to report difficulty with prolonged standing and walking, he should be able to start a self-directed home exercise program. The recommendation is for denial.