

Case Number:	CM13-0066493		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2013
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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:

This is a 47 year-old male who was injured on 3/28/13. He was diagnosed with a left knee ACL tear and meniscal tear. He underwent left knee arthroscopic ACL reconstruction with allograft, removal of hardware and partial meniscectomy on 4/29/13 by [REDACTED]. According to the 10/24/13 orthopedic report by [REDACTED], the patient presents feeling better, still some tenderness about the scar, but ROM was increased at 0-125 degrees. Additional physical therapy was recommended. On 12/6/13 UR states the patient already had 64 sessions of PT and recommended non-certification for 12 additional postsurgical PT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT POST-OPERATIVE PHYSICAL THERAPY TIMES TWELVE 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 Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: This is a 47 year-old male who was injured on 3/28/13. He was diagnosed with a left knee ACL tear and meniscal tear. He underwent left knee arthroscopic ACL

reconstruction with allograft, removal of hardware and partial meniscectomy on 4/29/13. According to the UR letter, the patient had 64 sessions of physical therapy. On the 10/24/13 report, the physician recommended an additional 12 sessions of physical therapy. According to the California MTUS post-surgical guidelines, the postsurgical physical medicine treatment timeframe for ACL tear or meniscectomy is 6-months. The patient was beyond the 6-month period from the date on the RFA. The patient has already exceeded the California MTUS postsurgical treatment recommendations for a general course of care for both meniscectomy and ACL tear. The California MTUS chronic pain guidelines recommends 8-10 sessions of physical therapy for various myalgias and neuralgias. The request for 12 sessions exceeds the California MTUS chronic pain guidelines for physical therapy.