

Case Number:	CM13-0068827		
Date Assigned:	01/03/2014	Date of Injury:	12/21/2012
Decision Date:	04/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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, 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 52 year old male who was injured on 12/21/2012 while he was lifting packages off a carry aid and turned and felt pain in his lower back. Prior treatment history has included the patient has completed 24 physical therapy visits. The patient is status post a left knee arthroscopy with anterior cruciate ligament (ACL) reconstruction with allograft tendon on 08/07/2013. Medications include Lipitor and ibuprofen. Progress note dated 09/30/2013 objective findings on exam showed that the portal sites are benign. He has supple range of motion. There is minimal swelling about the knee. Motion is somewhat limited from 3 degrees to 115 degrees of flexion. The knee joint is ligamentously stable. A 2+ dorsal pedis pulse is noted in the foot. Progress note dated 11/18/2013 objective findings on exam showed that the left knee has a well-healed incision site. He has supple range of motion of the knee from 0 to 125 degrees of flexion. The knee joint is ligamentously stable. Anterior drawer and Lachman's tests are negative. Posterior drawer sign is negative. Pivot shift test is negative. There is no obvious joint line tenderness. Distally to the foot, motor and sensory is grossly intact. The hip has tenderness over the lateral aspect with palpation in the trochanteric area. There is no obvious groin tenderness with passive or active motion of the hip joint. Progress note dated 12/06/2013 documented the patient is doing well functionally but with mild medial knee and inferior patellar pole pain. He is working fulltime. Progress note dated 12/09/2013 documented the patient stating "it's okay, I feel like there are times it's not like it should be". Objective findings on exam show the patient is doing well functionally but with mild medial knee and inferior patellar pole pain. Progress note dated 12/13/2013 documents the patient stating "It is good off and on. It has been sore here" pointing to the pes anserine. I went hunting the other day and was a little sore". The patient reports he has been working out

independently at home and in the gym performing elliptical. He states he is worried that his knee will not be able to handle a full day of walking due to the soreness he experiences. Objective findings on exam show the patient is doing well functionally but with mild medial knee and inferior patellar pole pain. Palpation reveals palpable tenderness or increased muscular tone: pes anserine. Notes do not document 10/09/2013 or 12/06/2013 range of motion measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional post-op PT visits, 2x4, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS guidelines, a total of 8-10 sessions of physical therapy are indicated for musculoskeletal completes and allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For these reasons, additional physical therapy sessions for this patient who has already completed 24 sessions is not medically indicated/necessary.