

Case Number:	CM13-0069189		
Date Assigned:	01/03/2014	Date of Injury:	11/13/2003
Decision Date:	06/02/2014	UR Denial Date:	12/09/2013
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 Orthopedic Surgery and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 03/28/2013, secondary to an unknown mechanism of injury. She was diagnosed with a left knee sprain with anterior cruciate ligament deficiency, meniscus tears, and osteoarthritis. She underwent an arthroscopic anterior cruciate ligament reconstruction on 09/24/2013 according to the operative report provided. The injured worker began post-operative physical therapy on 09/28/2013, and attended at least thirty-one (31) sessions as of the most recent physical therapy note on 11/12/2013. It was noted in the initial physical therapy evaluation that the injured worker reported 6/10 pain and exhibited 0-95 degrees of active flexion of the left knee as well as 2/5 strength. The most recent physical therapy note indicated less patellar tendon pain, decreased swelling, and increased patellar joint mobility. The injured worker was re-evaluated on 11/18/2013 and was noted to have mild swelling of the left knee with 0-120 degrees of flexion. The medications at that time were noted to include Tylenol and Celebrex. A request for authorization was submitted on Final Determination Letter for [REDACTED] 11/26/2013 for post-surgical physical therapy three times per week for six (6) weeks for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST SURGICAL: PHYSICAL THERAPY 3X/6WKS, KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The injured worker underwent an arthroscopic anterior cruciate ligament reconstruction on 09/24/2013 and attended at least thirty-one (31) sessions of physical therapy between 09/28/2013 and 11/12/2013. During that time, the range of motion of the left knee was noted to have improved by twenty-five (25) degrees. There was no documented evidence of improved strength or quantifiable pain improvement with physical therapy. The Postsurgical Treatment Guidelines recommend a total of twenty-four (24) visits of post-operative physical therapy, following a repair of the anterior cruciate ligament. The physical therapy treatment duration already completed exceeds the treatment duration recommended by the guidelines, and therefore, additional physical therapy is not warranted. Furthermore, the request as written does not specify the requested therapy for the left knee as opposed to the right knee. As such, the request for postsurgical physical therapy three (3) times per week for six (6) weeks for the knee is non-certified.