MAXIMUS Federal Services

Case Number:	CM14-0000188		
Date Assigned:	01/17/2014	Date of Injury:	04/02/2010
Decision Date:	06/13/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine 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 28-year-old male who was injured on 04/02/2010 while he was pulling a pallet of frozen product into the freezer when he slipped on some ice, causing him to twist and fall to the ground. He struck his right knee against the ground. Prior treatment history has included the patient undergoing right knee anterior cruciate ligament revision, partial medial meniscectomy, and major synovectomy of patellofemoral and lateral compartments and removal of deep hardware on 07/30/2013. According to the UR Determination dated 12/05/2013 the patient had 22 of 24 approved physical therapy sessions postoperatively. PR-2 dated 11/19/2013 documented the patient had a mishap during physical therapy earlier in the week. He was doing an exercise balancing on the right knee, when he felt the knee buckle and he nearly fell. Objective findings on exam reveal range of motion: extension 0 degrees bilaterally, flexion 135 degrees bilaterally. Provocative testing of bilateral knees was negative. Lachman's test was 1+ on the right and 2+ on the left. McMurray's test was positive on the right and negative on the left. Assessment: Right knee ACL tear status posts the third revision surgery meniscectomy 07/30/2013, Left knee ACL tear, Recommendations: I recommend he continue a strengthening program with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X 6 FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST OPERATIVE PHYSICAL THERAPY.

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

Decision rationale: The Post Surgical Treatment Guidelines states post operative therapy following an ACL repair should not exceed 24 visits over 16 weeks. "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy,physical medicine treatment may be continued up to the end of the postsurgical physicalmedicine period" (6 months for this type of procedure). The UR determination dated 12/05/2013 documents the patient has completed a total of 22 of the 24 authorized therapy visits (progress reports were not provided in the records). Based on the number of completed visits, the request of 12 additional sessions of physical therapy exceeds the guidelines recommendation. Additionally, PR report dated 11/19/2013 documents the patient to have 135Â° of flexion bilaterally and 0Â° extension. There is no indication of muscle testing or deficiency on examination. At this point the patient should be able to continue strengthening exericises through a home exercise program. Medical necessity is not established for additional physical therapy. Therefore the request is not medically necessary.