

<b>Case Number:</b>	CM14-0003575		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 has submitted a claim for mild traumatic brain injury, left knee soft tissue injury including anterior cruciate ligament and posterior cruciate ligament tear, rupture of the lateral collateral ligament and tears to the medial and lateral menisci, status/post left knee debridement, ACL reconstruction, and lateral meniscectomy, associated with an industrial injury date of 2/8/12. Medical records from 2012-2013 were reviewed which revealed that patient continues to have muscle weakness and spasms. He has trouble walking, maintaining balance and coordination. He has left leg gait problem, left arm and hand dysfunction. Physical examination showed left knee range of motion at 140 degrees. Anterior drawer test is 2A. Lachman test is 1A. Pivot shift and McMurray tests were negative. No pain or instability with valgus or varus stress. Patient has calf atrophy on the left. There was also minimal medial laxity, and medial joint line tenderness noted. Treatment to date has included, subclavian bypass with right greater saphenous vein on 2/11/13, left knee debridement, ACL reconstruction, lateral meniscectomy done on 5/13/13, foot surgery on 8/30/13 and completed 14 sessions of physical therapy. Current medications include Hydrocodone 10/325mg, Benadryl and Enoxaparin Sodium injections 100mg/ml. Utilization review from 12/11/13 denied the request of physical therapy 3x per week for 3 weeks for the left knee. The reason of denial was not stated in the medical records submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3X WK X 3WKS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The Post-Surgical Treatment Guidelines state that therapy of up to 12 visits over 12 weeks is recommended as post-surgical treatment for patients who underwent Knee Meniscectomy. In this case, patient underwent left knee debridement, ACL reconstruction, and lateral meniscectomy on 5/13/13. Medical records submitted and reviewed indicate that the patient already had 14 visits to physical therapy since 8/2/13. However, there is no documentation regarding the necessity for additional therapy sessions. Therefore, the request for physical therapy 3 times a week for 3 weeks of the left knee is not medically necessary.