

Case Number:	CM14-0004907		
Date Assigned:	04/25/2014	Date of Injury:	04/24/2013
Decision Date:	05/27/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery 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 44 year-old female who sustained an industrial injury on 4/24/13 when a door struck her knee, she twisted her right knee, felt a crack and fell. The 6/11/13 right knee MRI revealed an anterior cruciate ligament tear, medial meniscus tear, grade 1 sprain of the medial collateral ligament, and focal mild chondral contusion of the lateral patella. MRA showed right knee anterior cruciate ligament rupture. She underwent right knee arthroscopic anterior cruciate ligament reconstruction with allograft, medial meniscus repair, and major synovectomy on 7/24/13. The 12/9/13 physical therapy progress report documented completion of 32 physical therapy visits with steady improvement in overall function. The patient had resumed normal work and daily activities with minimal complaints of intermittent anterior knee pain. Continued limp with ambulation was attributed to decreased stability, muscle weakness, and fear of falling/re-injury. Continued therapy was requested to address hip/knee stabilizing strength deficits and decreased balance/proprioception. The 12/18/13 progress report documented intermittent grade 6/10 sharp right knee pain with some pins/needles. The patient stated she was unable to step with full weight onto the right leg. Significant quad atrophy was reported causing undue stress on the patella; quad strength was 3+ to 4-/5 Patellofemoral pain was reported with deep flexion and the patella was tracking centrally. There was tenderness over the medial and lateral patella facets. Range of motion was 0-137 degrees with negative instability tests. The patella was mildly hypermobile with positive patellofemoral crepitus and positive patellar compression test. Additional physical therapy was requested to focus on imbalances and weaknesses.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE RIGHT KNEE:

Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for anterior cruciate ligament repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. 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 physical medicine period. Physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The post-surgical physical medicine period would have continued through 1/24/14. Medical records provided for review indicate that the patient had resumed normal work and activities of daily living with minimal complaints of intermittent anterior knee pain. Quad strength deficit and atrophy were documented. Medical records indicated that the patient was complaint with a home therapy and exercise program. The request for 12 physical therapy sessions for the right knee twice a week for six weeks is not medically necessary and appropriate.