

<b>Case Number:</b>	CM14-0106716		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/29/10. A utilization review determination dated 6/27/14 recommends non-certification of post-op PT x 12 visits left knee, noting that the need for surgery had not been established. 5/28/14 medical report identifies left knee pain and mechanical symptoms that have not responded to conservative management. On exam, there was tenderness over the medial and lateral joint lines as well as 4/5 strength with flexion and extension. ROM was restricted due to pain. The provider recommended left knee diagnostic arthroscopy, ACL reconstruction with allograft, possible partial meniscectomy, chondroplasty, synovectomy, and removal of loose body as well as pre-op medical clearance, post-op PT, knee brace, and cold therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy times 12 visits Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 25.

**Decision rationale:** Regarding the request for Post-op Physical Therapy times 12 visits Left Knee, California MTUS supports up to 24 sessions after ACL repair, with half that amount recommended initially. Within the documentation available for review, the records suggest that the concurrently requested surgery has not been authorized. Additionally, there is no provision for modification of the current request in the case of a pending/recent surgery. In light of the above issues, the currently requested Post-Op Physical Therapy times 12 visits Left Knee is not medically necessary.