

Case Number:	CM14-0108161		
Date Assigned:	08/01/2014	Date of Injury:	08/29/2013
Decision Date:	10/06/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 45-year-old female was reportedly injured on August 29, 2013. The most recent progress note, dated June 5, 2014, indicated that there were ongoing complaints of right knee pain with squats and the use of stairs at the anterior aspect of the knee. The physical examination demonstrated a decrease of 20 of flexion and tenderness over the anterior medial tibia as well as of the quadriceps. Some quadriceps atrophy was present. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included right knee anterior cruciate ligament reconstruction and postoperative physical therapy. A request had been made for an additional eight visits of physical therapy and was not certified in the pre-authorization process on June 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (Eval, Re-eval, and Exercise) x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, 24 visits of physical therapy are recommended for postsurgical treatment of an anterior cruciate ligament repair. A review of the attached medical record indicates that the injured employee has

already participated in 40 visits of physical therapy for the right knee. Considering this, the request for an additional eight visits of physical therapy is not medically necessary.