

Case Number:	CM14-0011540		
Date Assigned:	02/21/2014	Date of Injury:	06/29/2009
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/29/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 reported a date of injury of 6/29/09. The treating physician report dated 11/21/13 indicates that the patient presents s/p left knee arthroscopy with medial meniscal transplant.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST SURGICAL PHYSICAL THERAPY LEFT LEG/KNEE

QUANTITY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents status post surgical left knee arthroscopic medical meniscus transplant, left knee arthrotomy with autologous chondrocyte implantation medial femoral condyle and lateral femoral condyle. The current request is for additional post surgical physical therapy 8 visits. The prescription for additional PT was written on 12/23/13, however there is no treating physician report on that date only a PT summary note. The PT note states, "His quadriceps muscle group continues to be weak with minimal VMO activation during a SLR. We will continue efforts to maximize his ROM (AROM 3-105, PROM 0-120) and quad

strength (4-/5). Continue 2x4 if you concur. Number of visits 20/24." The Post Surgical MTUS Guidelines state, "Postsurgical treatment: (ACL repair): 24 visits over 16 weeks *Postsurgical physical medicine treatment period: 6 months." The prescription from the treating physician dated 12/23/13 states, "Therapeutic Exercise, AROM, PROM and E-Stim 2x4." The Post Surgical MTUS Guidelines recommend a total of 24 post surgical treatments over 16 weeks. The physician in this case has not documented any exacerbations or rationale for treatment above and beyond the 24 visits that are recommended. Therefore, the request for 8 additional post surgical physical therapy sessions left leg/knee is not medically necessary and appropriate.