

Case Number:	CM14-0011602		
Date Assigned:	02/21/2014	Date of Injury:	02/26/2013
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
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 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:

This 45-year-old male custody assistant sustained an industrial injury 2/26/13, when he was attacked by an inmate. The 4/9/13 MRI findings documented significant injury to the medial and lateral menisci, impaction injury to the posterolateral cortex of the tibia, full thickness tear of the anterior cruciate ligament, partial posterior cruciate ligament tear, and medial and lateral collateral ligament tears. He underwent right anterior cruciate ligament reconstruction with Achilles tendon allograft, partial medial and lateral meniscectomies, chondroplasty and the patellofemoral joint and medial compartment, and extensive tri-compartment debridement on 7/26/13. He completed 24 post-operative physical therapy visits. The 12/10/13 treating physician report stated that the patient was making slow and steady progress in physical therapy, with residual range of motion and extreme strength deficits. Right knee exam findings documented knee flexion 134 degrees, extension 2 degrees, anterior knee tenderness, and positive patellofemoral crepitation and grind test. Intraoperative findings of advanced osteoarthritis, especially in the patellofemoral compartment, were documented. Additional physical therapy was recommended to address the range of motion and strength deficits, and a functional knee brace was to be used for any activity. The 12/10/13 physical therapy evaluation report documented 40-50% loss of functional flexion/extension strength and a 2-degree extension lag. The 12/30/14 utilization review denied additional physical therapy in excess of guideline recommendations because specific barriers that would prevent transition to an independent home exercise program were not identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST SURGICAL ADDITIONAL PT 2X6 (RIGHT KNEE): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, POST SURGICAL TREATMENT,

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

Decision rationale: Under consideration is a request for 12 additional post-op physical therapy for the right knee. The California MTUS Post-Surgical Treatment Guidelines for anterior cruciate ligament repair suggest a general course of 24 post-operative visits over 16 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. The post-surgical physical medicine period would have continued through 1/26/14. Guideline criteria have been met. The physical therapy and treating physician records indicate a slow and steady improvement with physical therapy. The combined extension lag and strength deficits documented on 12/10/13 create a functionally incompetent knee. Additional progress with supervised physical therapy would be expected given the functional improvement to date. Therefore, this request for post-surgical additional PT 2x6 (right knee) is medically necessary.