

<b>Case Number:</b>	CM14-0110084		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Louisiana. 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 29 year old male who was injured on 04/07/2014. The mechanism of injury is unknown. Prior treatment history has included physical therapy which has provided some improvement. A progress report dated 06/19/2014 states that the patient presented with complaints of left knee pain and swelling. On exam, the left knee range of motion shows continued improvement with flexion and extension. There is no swelling or effusion. His LCL is stable and tender. He does have some guarding with anterior and posterior drawer tests and positive valgus stress test. He is diagnosed with left knee anterior cruciate ligament tear and lateral collateral ligament strain of the knee. He is recommended for additional physical therapy x6 visits and an elliptical bicycle to improve pain free flexibility. A prior utilization review dated 07/09/2014 states the request for Physical Therapy 6 Visits over 4-6 Weeks is modified to 3 additional physical therapy sessions only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 6 Visits over 4-6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended for a time- limited treatment plan with defined functional goals, frequent assessments and modifications of the treatment plan based upon progression. In this case, there is no supporting documentation for an objective or functional gains and would exceed the guideline recommendation for the number of sessions. Therefore, the request is not medically necessary at this time.

**Elliptical Cycle Before and After Surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Exercise Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** According to the Official Disability Guidelines, exercise equipment is considered not primarily medical in nature. Simple home exercises should be adequate for maintaining and even increasing quadriceps and hamstring strength. The request for an elliptical cycle is not medically necessary.