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| Case Number: | CM14-0112371 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 11/13/2013 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 07/01/2014 |
| Priority: | Standard | Application Received: | 07/17/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 39 year old female who sustained an injury to her right knee on 11/13/13. The mechanism of injury is not documented. The records indicate that the injured worker is status post right knee anterior cruciate ligament reconstruction with hamstring autograft. A clinical note dated 04/09/14 reported that the injured worker presented to the clinic for follow up of her right knee anterior cruciate ligament injection that was performed on 01/23/14. The injured worker reported that the day before, she was walking into the garage and stepped down onto her right foot with the knee flexed and felt her knee buckle. The injured worker stated that she felt that it was because of weakness about her right leg. She has continued physical therapy and home exercise program. She has discontinued hinged knee brace. There was no numbness or tingling. Physical examination noted incisions are healing nicely with no signs of infection; minimal effusion; passive range of motion 0-120 degrees, Lachman's stable and normal neurovascular exam distally. The injured worker was recommended to continue physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times 12 to the right knee: Upheld

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

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

Decision rationale: The records indicate that the injured worker has already completed at least 45 physical therapy visits to date. The MTUS Guidelines recommends up to 24 visits over 16 weeks not to exceed 6 months for the diagnosed injury. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the MTUS Guidelines' recommendations, either in frequency or duration of physical therapy visits. Given this, the request for additional physical therapy times 12 to the right knee is not indicated as medically necessary.