

Case Number:	CM14-0114739		
Date Assigned:	08/04/2014	Date of Injury:	04/24/2013
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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 Pain Management 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 patient is a 37-year-old-male, who sustained an injury on 04/24/2013 when stepping off a box, twisting his right knee. He then underwent right knee anterior cruciate ligament (ACL) reconstruction and lateral meniscectomy on 9/13/13. Medications include NSAIDs, Ultram and steroids which did not help. He is now complaining of stiffness and weakness and he can't walk up or down stairs. Right knee X-rays on 5/15/14: essentially normal findings, good tibial and femoral ACL tunnels. MRI of the right knee on 2/24/14 has showed ACL tear and medial meniscus tear. On exam dated 6/10/14, right knee inspection showed no erythema, ecchymosis, or effusion. Palpation showed tenderness over the medial/lateral joint line. Crepitus was not present. Active ROM extension: 15 degrees, active flexion: 115 degrees. Reflexes are equal and symmetrical at the achilles and patellar tendons. Sensation was intact through all dermatomes. Muscle strength and ligament stability was 5/5 in all muscle groups. There was no ligamentous instability noted, with negative anterior/posterior drawer, MCL (valgus) 30 deg, negative MCL (valgus) 0 deg, negative LCL (varus) 30 deg, negative LCL (varus) 0 deg. Diagnosis is S/P ACL reconstruction post-operative. He has been treated with 8 Physical Therapy (PT) visits from 6/25/13 to 5/21/14. PT progress note on 3/10/14: patient has had 12 PT visits and significantly improved in strength and ROM of the right knee. On initial evaluation on 10/25/13, the right knee ROM was flexion 86 and extension -14 degrees. On 1/20/14, the Pain was rated 7-8/10. Strength: flexion 4/5 at right, 5/5 at left and extension R 3/5 L 4/5. ROM: extension is lacking 5 degrees, flexion 118. On 3/12/14, knee strength flexion B/L 5/5, extension was right 4/5, left 5/5. ROM: extension is lacking 10 degrees and flexion is 120 degrees. On 5/21/14, knee strength was B/L flexion 5/5, ROM: extension lacking 10 degrees, flexion 120 degrees. He continues to lack full ROM and has considerable weakness in quad > hamstrings. The injured worker was recommended to continue physical therapy 2-3 times per

week, for 4 weeks. UR determination for request of additional post-op physical therapy 2x4 was denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post - op physical therapy 2 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, ACL Reconstruction.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 24 visits over 16 weeks for the post-surgical (ACL repair). Furthermore, guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus self-directed home PT. In this case, the records do not support indication for more PT visits. The PT progress notes shows that there has not been any significant change in the objective measurements such as range of motion or strength since 1/20/14; it appears that the patient has reached his plateau. Furthermore, there is no mention of patient's compliance with PT and home exercise program. Therefore, the medical necessity of the request for additional PT is not established per guidelines.