

Case Number:	CM14-0117398		
Date Assigned:	08/06/2014	Date of Injury:	01/07/2014
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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:

The claimant is a 29-year-old gentleman injured in a work-related accident on January 7, 2014. The records available for review document an injury to the left knee, for which the claimant underwent a March 2014 left knee anterior cruciate ligament reconstruction. Postoperative care included more than 24 sessions of physical therapy. A follow-up report dated May 9, 2014, states that the claimant is satisfied with his recovery progress. Physical examination showed range of motion from 0 to 125 degrees, negative Lachman's test, negative anterior drawer test and no evidence of instability. This request is for 12 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 additional sessions of physical therapy would not be indicated. Under Postsurgical Guidelines, up to 24 sessions of physical therapy over a 16-week period would be supported postoperatively. In this case, the claimant has already completed more than 24 sessions of postoperative physical

therapy, and the reviewed records state that he is recovering well post-surgically. The request for 12 additional sessions would exceed the guidelines maximum and therefore, is not medically necessary and appropriate.