

<b>Case Number:</b>	CM14-0118169		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 35-year-old gentleman injured on January 14, 2009. The clinical records available for review document an injury to the right knee, for which the claimant underwent an anterior cruciate ligament reconstruction. Based on the postoperative imaging showing graft failure, the request for right knee arthroscopy with possible ACL revision was supported by utilization review on July 14, 2014. This request is for 24 sessions of physical therapy postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy for the Right Knee 3 times a week for 8 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, 24 sessions of postoperative physical therapy would not be supported. Following ACL reconstruction, the Post-Surgical Guidelines support 24 sessions of therapy over a 16-week period of time. In this case, the claimant is approved to undergo a diagnostic arthroscopy and assessment, and the ACL reconstruction portion of the procedure is possible. Given the uncertain

need for ACL reconstruction, the request for 24 sessions of postoperative physical therapy would not be supported as medically necessary at this time without knowledge of the intraoperative findings and the extent of the procedure performed. Therefore, the request is not medically necessary.