

Case Number:	CM14-0123600		
Date Assigned:	08/08/2014	Date of Injury:	08/12/2013
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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:

This is a 47-year-old female who sustained a slip and fall injury on 08/12/13. The documents reviewed state that the claimant underwent anterior cruciate ligament (ACL) reconstruction using bone-tendon-bone patellar tendon allograft, lateral meniscus repair, chondroplasty of the lateral tibial plateau and femoral condyle with examination of the left knee under anesthesia on 02/05/14. Documentation suggests that the claimant underwent 26 postop physical therapy visits with discharge on 06/17/14. The discharge report documents the claimant was feeling a little better, continued to have limitations, had met all of her short term goals but none of her long term goals had been completed. It was also documented she had not made significant gains in her function, was discharged to an independent program and referred back to the attending physician for further consultation. This review is for twelve sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy evaluation and 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical Guidelines recommend that claimant should be reevaluated following continuation of therapy when necessary or no later than every 45 days from the last

evaluation to document functional improvement to continue with physical medicine treatment. It is noted that in cases where there is no functional improvement demonstrated, postsurgical treatment should be discontinued. There is no report from the physician to determine the claimant's objective findings on exam or functional limitations to support the need for additional therapy. There are also no imaging reports to identify any pathology. The guidelines support 24 visits over 16 weeks with the postsurgical physical medicine treatment period lasting six months. The medical records state that the claimant has exceeded the California MTUS Postsurgical Rehabilitation Guidelines and the discharge report suggests the claimant made very little functional improvement and there was no medical necessity established to continue further physical therapy. Based on this documentation and the Postsurgical Rehabilitation Guidelines, the request for 12 additional physical therapy sessions is not medically necessary.