

<b>Case Number:</b>	CM14-0126973		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 59 year old male with a work injury dated 1/21/10. The diagnoses include anterior cruciate ligament tear of the left knee and osteochondritis dissecans of the left knee. The patient is status post left partial medial meniscectomy; partial lateral meniscectomy debridement chondroplasty of lateral femoral condyle and patella on 10/14/13. Under consideration is a request for physical therapy 1 X week X 12 weeks left knee. There is a 5/21/14 PR-2 attachment which states that the patient's surgery was denied. The document also states that the requesting physician attempted to obtain physical therapy following her surgery and the recommendation for further physical therapy was denied. The documenting physician states that one of the justifications for not allowing surgery is that the patient has not had physical therapy which was denied after a request. The documenting physician states that the patient has some chondromalacia in her patellofemoral joint and an osteochondral lesion of her femoral condyle. This does not constitute degenerative change or osteoarthritis by any measure of detailing pathology. The patient is not a candidate for a total knee replacement, but is a candidate for stabilization of the knee. On exam, the patient continues to have medial joint line tenderness. She has a 1 + anterior drawer and a 1 + Lachmann's with a 1 to 2+ pivot shift. She has a mild effusion. The treatment plan states that an anterior cruciate ligament reconstruction is recommended. The patient has subjective clinical findings as indicated necessary by the ODG for surgery. This is described as instability of the knee. The patient describes a buckling or giving away sensation. She has these symptoms. Objective clinical findings-include a positive Lachmann's and/or positive pivot shift, which has imaging and clinical findings that have demonstrated an anterior cruciate ligament disruption. A 7/2/14 document states that ACL reconstruction is pending.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 1 X week X 12 weeks left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical medicine, pages 98-99 and on the MTUS Postsurgical Treatment Guidelines, Sprains and strains of knee and leg; Cruciate ligament of knee, page 25. The Expert Reviewer's decision rationale: Physical Therapy 1 X week X 12 weeks left knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The PT was requested post operatively for ACL reconstruction surgery which per documentation was not approved yet. Without surgery the MTUS guidelines recommend up to 10 visits for this condition. The request for Physical Therapy 1 X week X 12 weeks left knee is not medically necessary.