

Case Number:	CM14-0171058		
Date Assigned:	10/23/2014	Date of Injury:	03/22/2014
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 Arkansas and Texas. 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 worker is a 49-year-old male who reported an injury on 03/22/2014. The mechanism of injury involved a fall. The current diagnosis is right knee ACL tear. The injured worker was evaluated on 09/09/2014. Previous conservative treatment is noted to include medication management and physical therapy. The injured worker was status post right knee ACL repair on 08/11/2014. The injured worker reported stiffness. It was noted that the injured worker was utilizing over the counter anti-inflammatory medication and was participating in physical therapy. The physical examination revealed no signs of infection at the wound site, mild effusion, intact sensation, and 0 to 120 degree range of motion. Treatment recommendations at that time included 12 sessions of physical therapy. A Request for Authorization form was then submitted on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Post-Op 2 to 3 Times A Week for 4 to 6 Weeks for a Total of 12 Visits for The Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg: Acute and Chronic

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following ACL repair includes 24 visits over 16 weeks. As per the documentation submitted, the injured worker was participating in postoperative physical therapy prior to the visit on 09/09/2014. The total amount of completed sessions was not mentioned. There was no documentation of the initial course of postoperative physical therapy with evidence of objective functional improvement. Therefore, the current request cannot be determined as medically appropriate at this time.