

Case Number:	CM14-0178007		
Date Assigned:	10/31/2014	Date of Injury:	05/03/2014
Decision Date:	12/08/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, 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 injured worker (IW) is a 34-year-old man with a date of injury of May 3, 2014. The IW fell approximately 20 feet off a platform injuring his back, neck, bilateral shoulders, right foot, right ankle, and right knee. MRI of the right knee dated May 5, 2014 revealed tear of the anterior cruciate ligament, large joint effusion. According to an interim report dated May 27, 2014, surgery had been authorized and was scheduled for June 27, 2014. Pursuant to the progress report dated October 6, 2014, the provider documented that the IW was to continue current treatment; physical therapy 2 times a week for 4 weeks. There were no subjective complaints noted. There was no a physical examination documented. The IW was diagnosed with s/p right ACL repair. The provider marked a box on the report stating: Improved but slower than expected. The IW had allegedly completed 19 sessions of physical therapy. Additional progress reports in the medical records had similar documentation. Current documentations were not documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Post-operative Physical Therapy Visits for the Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Pursuant to the Official Disability Guidelines, the additional eight post-operative physical therapy visits for the right knee is not medically necessary. The guidelines provide physical medicine frequency and duration: strains and sprains of the knee and leg; cruciate ligaments of the knee (ACL tear): post-surgery, ACL tear, 24 visits over 16 weeks. In this case, the treating physician progress notes contain a check the box format. It was a box that stated subjective improvement; however there were no objective clinical findings as to the degree of improvement noted in the medical record. Reports vary from not improved significantly on November 3, 2014 to improve but slower than expected on October 6, 2014. There was a similar result on September 16, 2014. On July 22, 2014 the injured worker was not improved significantly. Similarly, on July 14 the injured worker had not subjectively improved significantly. However, it is unclear, as stated above, what the overall degree of objective functional improvement was. Additionally, the total number of visits allowable PT visits under the ODG is 24. The injured worker had allegedly completed 19 PT visits. The treating physician is requesting an additional eight. This would exceed the recommended allowable number of physical therapy sessions according to the Official Disability Guidelines absent compelling clinical facts. Consequently, the additional 8 postoperative physical therapy visits for the right knee are not medically necessary. Based on clinical information in the medical record and the peer reviewed evidence-based guidelines, eight additional postoperative physical therapy visits to the right knee are not medically necessary.