

Case Number:	CM14-0030348		
Date Assigned:	06/20/2014	Date of Injury:	02/26/2013
Decision Date:	10/06/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of February 26, 2013. A utilization review determination dated February 12, 2014 recommends non-certification for custom foot orthotics. The note indicates that the patient received authorization for a pair of orthotics on November 12, 2013. Additionally, it appears the patient had completed 24 sessions of physical therapy as of December 30, 2013. A utilization review determination dated February 12, 2014 recommends modified certification for the requested physical therapy. 4 sessions are certified, 12 were requested. A progress report dated January 20, 2014 identifies subjective complaints stating that the patient underwent a reconstructive right knee ACL tear with Achilles tendon allograft on July 26, 2013. He continues to make slow steady progress with physical therapy. He continues to have deficits in range of motion and strength. He suffered a fall on January 12, 2014 with subsequent swelling and increased the pain. Physical examination reveals tenderness to palpation over the anterior aspect of the left knee with knee flexion to 135 and extension to 0. Diagnoses included right knee status post grade 3 ACL tear with reconstruction on July 26, 2013. The treatment plan recommends additional physical therapy 2 times a week for 6 weeks. The note indicates that previous physical therapy "was beneficial for the patient."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 24 post-surgical therapy sessions following ACL repair. Within the documentation available for review, it is unclear how many therapy sessions the patient has already undergone. However, it does appear that the currently requested number, when combined with the number previously completed, exceeds the maximum number recommended by guidelines for this patient's diagnosis. There may have been an intervening injury, but there is no documentation of any objective functional deficits as a result of that injury. Additionally, there is no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.