

Case Number:	CM14-0033593		
Date Assigned:	06/20/2014	Date of Injury:	02/16/2010
Decision Date:	07/22/2014	UR Denial Date:	02/24/2014
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 and Rehabilitation and is licensed to practice in 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 41 year old male who sustained an injury to his right knee on 02/16/10. Mechanism of injury was not documented. The injured worker continued to complain of right knee pain. Physical examination noted active range of motion with extension was 180 degrees right and left, flexion 145 degrees left right, 150 degrees left. The injured worker was status post right knee arthroscopic anterior cruciate ligament reconstruction with tendon allograft dated 08/23/13 and status post right knee arthroscopic partial medial and lateral meniscectomy with micro fracture chondroplasty dated June of 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X WEEK X4WKS RIGHT KNEE QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 01/20/14).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for physical therapy 2 x week x 4weeks for the right knee quantity of eight is not medically necessary. Records indicate that the injured worker was

authorized for 20 visits of post-operative physical therapy following the previous arthroscopic procedure, in which he only completed 12 visits. The Post-Surgical Treatment Guidelines recommend up to 12 visits over 12 weeks for the diagnosed injury not to exceed six months following the surgical intervention. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Post-Surgical Treatment Guidelines recommendation, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy 2 x week x 4 weeks for the right knee quantity of eight is not indicated as medically necessary.