

Case Number:	CM14-0045516		
Date Assigned:	06/27/2014	Date of Injury:	10/22/2011
Decision Date:	08/27/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 underlying date of injury in this case is 10/22/2011. The treating diagnosis is an ACL tear. The patient previously attended at least 13 physical therapy sessions. The current request is for physical therapy twice a week for 6 weeks noted to increase range of motion as well as functional strength. As of 9/30/13 the treating physician noted that the patient has a mild effusion and excellent left knee mobility, with flexion of 120 degrees and stable anterior drawer testing and 4+ strength in all ranges.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation 2001 APTA Guidelines for PT Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical medicine, recommends allowing tapering of treatment frequency plus active self-directed home rehabilitation. At this time the medical records do not provide sufficient detail to explain a rationale for additional

supervised physical therapy, rather than independent home rehabilitation. This request is not supported by the treatment guidelines given limited available medical information. To the extent details are available, this patient has done very well clinically after surgical treatment; the rationale for additional supervised therapy is not apparent. This request is not medically necessary.