

Case Number:	CM14-0057457		
Date Assigned:	07/09/2014	Date of Injury:	02/07/2012
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York 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 26 year old male who was injured on 02/07/12 when his left knee became pinned between a parked car and the bumper of a vehicle that backed into him. The injured worker is status post left knee anterior cruciate ligament reconstruction with partial medial meniscectomy performed on 10/04/12. Records indicate the injured worker completed a postoperative physical therapy course consisting of approximately 29 visits. Physical therapy notes are difficult to read due to poor copy quality and the injured worker's objective response to therapy is unclear. Clinical note dated 03/26/14 notes the injured worker complains of continued left knee pain primarily over the anterior medial aspects of the knee. The injured worker is unable to return to his usual occupation and sports activities and experiences occasional swelling. The treating physician diagnoses the injured worker with left knee medial compartment early to moderate arthritis and recommends a left knee arthroscopy followed by a medial meniscus transplant and autologous cartilage implantation. Requests for left knee arthroscopy and cartilage harvest along with postoperative physical therapy are submitted on 04/03/14 and are denied by UR (utilization review) on 04/11/14. A request for therapeutic exercises is again denied by utilization review on 04/15/14. The latter utilization review decision is appealed by independent medical review dated 04/25/14. The request submitted for this review is for 12 sessions of postoperative therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of post operative therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

Decision rationale: California Medical Treatment Utilization Schedule provides for up to 24 visits over 16 weeks following anterior cruciate ligament (ACL) surgery for the knee. Records do not indicate an operation involving the left knee is currently approved and planned or has recently occurred. Records do not include recent objective physical examinations which reveal functional deficits anticipated to be diminished or resolved with therapeutic exercises. There are no functional goals submitted for review. Records do not indicate the frequency, duration or number of visits recommended for this injured worker. This injured worker is approximately 23 months status post ACL repair, placing the injured worker outside of the 16 week window of treatment per Official Disability Guidelines recommendations. Records also note further surgical intervention is recommended, suggesting the injured worker is not expected to achieve significant benefit with physical therapy. As such, medical necessity of therapeutic exercises is also not established.