MAXIMUS Federal Services

Case Number:	CM14-0060503		
Date Assigned:	07/09/2014	Date of Injury:	12/16/2004
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

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 Nevada. 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 55 year-old patient sustained a left knee injury when she fell over some hockey equipment while instructing students on 12/16/04 during employment with [redacted]. The patient sustained an ACL tear and underwent ACL repair in 2005, 2nd reconstruction in 2006, and 3rd left knee arthroscopic surgery on 1/17/14 with 12 post-op PT authorized. On 3/4/14, the patient was certified for an additional 12 PT visits. Request(s) under consideration include Additional Post-Operative Physical Therapy 3 x 4 weeks. Diagnoses include internal derangement Knee/ cruciate ligament sprain/ old disruption anterior cruciate; traumatic arthropathy leg; and bone cyst. Report of 4/7/14 from the provider noted the patient was able to work 8 hour day on modified duty and has full range of motion in the knee without any remarkable functional deficits documented. Treatment was to continue PT with an additional 12 sessions requested. Report of 5/29/14 from the provider noted the patient was 4-1/2 months from left knee arthroscopy with ACL reconstruction; reports pain with flexion/extension and weight bearing doing PT. Exam showed negative Lachman, anterior drawer test; no knee effusion, quadricep atrophy; and range of 0-135 degrees. No x-rays reported. Recommendation included continuing PT and modified work. Request(s) for Additional Post-Operative Physical Therapy 3 x 4 weeks was non-certified on 4/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post Op Physical Therapy 3 x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14-15.

Decision rationale: Post-surgical treatment for ACL repair allow for 24 visits over 16 weeks for a post-surgical physical medicine treatment period of 6 months. The patient has completed at least 24 post-op PT visits. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 7 months without documented functional limitations or complications to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered nor what limitations are still evident for further therapy. The Additional Post-Operative Physical Therapy 3 x 4 weeks is not medically necessary and appropriate.