

<b>Case Number:</b>	CM14-0064057		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Interventional Spine 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 patient is a 38-year-old male with a date of injury of 07/12/2012. The listed diagnoses per [REDACTED] are left knee dislocation patella, knee emulsion, and back strain. According to progress report dated 03/07/2014 by [REDACTED], the patient is status post left knee arthroscopy on 01/09/2014. The patient continues to have a lot of pain in the left knee. He states that it is the same as before the surgery. The pain is located on the medial side of the knee, and he has some posterior pain. The patient reports some swelling at night and a feeling of instability. He goes on to state that he was supposed to have 12 physical therapy sessions, but he has only done 10 but it has expired. The 10 physical therapy sessions slightly helped with strength. The physician is requesting authorization for an MRI and additional 12 physical therapy sessions. Utilization review denied the request for physical therapy on 04/21/2014.

### 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 physical therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) updated 03/31/14.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27.

**Decision rationale:** This patient is status post left knee arthroscopy and anterior cruciate ligament allograft reconstruction on 01/09/2014. The patient continues with pain and a feeling of instability. The patient was previously authorized 12 physical therapy sessions in which the patient only attended 10. The physician is requesting additional 12 post-operative physical therapy sessions to address residual pain and swelling. MTUS Postsurgical Treatment Guidelines recommend for ACL repair 24 visits over 16 weeks. In this case, as medical records document, the patient has only received 10 visits thus far. The requested additional 12 visits are within guidelines and are medically necessary.