

Case Number:	CM14-0064752		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2012
Decision Date:	09/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 injured worker is a 40 year old male with a reported date of injury on 09/27/2013. The mechanism of injury was stepping down a ladder. The injured worker's diagnoses included right knee status post ACL reconstruction and derangement of right meniscus. The injured worker's past treatment included medications, 12 post-operative physical therapy visits, electric stimulation, and a knee brace. No pertinent diagnostic studies were provided. The injured worker's surgical history included right knee ACL reconstruction, the date of the surgery was not provided; however, a clinical note dated 03/07/2014 stated he was 5 months post-operative from his ACL reconstruction at that time. On 06/06/2014 the injured worker had no complaints regarding the right knee. The clinician performed a focused examination of the right knee and reported full range of motion, specifically 130 degrees of flexion. Additionally, no gross ligamentous instability was seen. The injured worker had a negative Lachman's, negative varus and valgus stress, and a negative pivot shift were reported. The clinician also reported that the injured worker had returned to full work duty. On 01/20/2014 the injured worker was seen for the 12th of 12 post-operative physical therapy visits and reported feeling better. No pain scale rating was documented. No functional assessment with range of motion, strength, or neurologic deficits was documented. The injured worker's medications included Voltaren Gel apply to bilateral knees 4 times per day, and Norco 10/325 mg. The request was for Physical therapy, right knee QTY: 12. The rationale was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right knee QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The request for Physical therapy, right knee QTY: 12 is not medically necessary. The injured worker had an ACL reconstruction 5 months prior to 03/07/2014. The California MTUS Post-Surgical Treatment Guideline recommend 24 physical therapy visits over 16 weeks. The guidelines recommend a postsurgical physical medicine treatment period of 6 months. There is no documentation of a new injury, complaints of pain, functional deficits or decreased range of motion to the right knee. There is a lack of documentation indicating the injured worker has significant objective functional deficits remaining. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. Therefore, the request for Physical therapy, right knee QTY: 12 is not medically necessary.