

Case Number:	CM14-0078983		
Date Assigned:	07/18/2014	Date of Injury:	01/22/2013
Decision Date:	08/15/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/29/2014

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 Management, 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:

This is a male patient with a date of injury of January 22, 2013. A progress note dated April 30, 2014 identifies subjective complaints of improvement of the left knee, increased right knee strength but with continued weakness, and the patient remains off of work. Physical examination identifies an antalgic gait, good range of motion of bilateral knees, left knee tenderness of the distal patellar tendon, and no right knee instability. Diagnoses include status post right ACL reconstruction on January 16, 2014, left knee patella tendinitis, and left knee minor meniscus tear. The treatment plan recommends continuation of physical therapy, continuation of deflector patch use, home rehab exercises, remain off of work, and continuation of use of home exercise bike. A physical therapy progress note of the left knee dated May 5, 2014 identifies that the patient has completed seven sessions and recommends continuation of physical therapy at 2 times a week for 6 weeks. A physical therapy progress note of the right knee dated May 5, 2014 identifies that the patient has completed 25 sessions of physical therapy and recommends continuation of physical therapy at 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the right knee, three sessions per week for four weeks, total of 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend up to 24 total physical therapy sessions after ACL repair, with half that amount recommended initially. The Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is indication of objective functional improvement from the therapy already provided, but there is no documentation of specific ongoing objective treatment goals. Furthermore, the patient has completed 25 visits of physical therapy as of May 5, 2014 which exceeds the guideline recommendations. The 12 additional sessions would, in total, further exceed the 24 visits recommended. Also, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. There is no statement indicating why the patient would benefit from physical therapy visits over the number of visits recommended by the guidelines. In the absence of such documentation, the current request is not medically necessary.

Additional physical therapy to the left knee, three sessions per week for four weeks, total of 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is indication of objective functional improvement from the therapy already provided, but there is no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Furthermore, the patient has completed 7 sessions of physical therapy as of May 5, 2014 and the guidelines recommend 9 visits of physical therapy over 8 weeks. The additional 12 visits of physical therapy requested would exceed the total of 9 visits recommended. There is no statement indicating why the patient would benefit from physical therapy visits over the number of visits recommended by the guidelines. In the absence of such documentation, the current request is not medically necessary.

