

<b>Case Number:</b>	CM14-0087954		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 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 42-year-old female with a 3/26/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/14/14, the patient was status post 1/17/14 right knee anterior cruciate ligament reconstruction. The patient continued to complain of discomfort and compromised ROM. Objective findings: medial collateral ligament instability of the knee, stiff knee with discomfort and persistent post-operative swelling. Diagnostic impression: status post right knee anterior cruciate ligament reconstruction. Treatment to date: medication management, activity modification, physical therapy. The exact total number of post-op PT sessions completed since the date of surgery is not provided. The submitted information is insufficient to support the medical necessity of the request and the request does not comply with CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Right Knee 2 x per Week x 6 Weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3, POSTSURGICAL TREATMENT GUIDELINES.

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient is status post 1/17/14 right knee anterior cruciate ligament reconstruction. It is documented that the patient has had prior post-operative physical therapy. However, the number of completed physical therapy sessions is not noted. Guidelines support up to 24 visits over 16 weeks for ACL tears. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Therefore, the request for Physical Therapy for Right Knee 2 x per Week x 6 Weeks was not medically necessary.