

<b>Case Number:</b>	CM14-0194499		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Orthopedic Surgery, and is licensed to practice in Ohio, Tennessee & Texas. 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 57 year old male was pulling a heavy pallet from the back of the store to the front when he sustained an injury on 08/10/2013. Prior treatment included anti-inflammatory, proton pump inhibitor, and pain medications, ice/heat, rest, elevation, and positioning. A MRI from 09/26/2014 revealed changes of arthroscopic surgery with subsequent moderate scarring along the ligamentum submucosal or inferior plica, mild scarring in the medial aspect of the fat pad without conglomerate fibrosis, complete versus a high-grade chronic tear of the anterior cruciate ligament, and a subtle linear signal extended to the inferior articular surface near the posterior meniscocapsular junction of the medial meniscus, presumably the site of the prior tear. None of the knee joint fluid enters this area to suggest a current tear. On 07/16/2014, the orthopedic physician noted chronic left knee pain, which had worsened, with instability, decreased range of motion, and the knee locks when walking. The injured worker was not working. The physical exam revealed mildly decreased left knee range of motion, positive with guarding, 2+ Pivot shift, stable varus and valgus stress, negative posterior drawer, mild effusion, and an antalgic gait. X-rays of the left knee were essentially normal. Diagnoses included left knee internal derangement, patellar tendonitis, and sprain of the cruciate ligament of the knee. The injured worker had additional diagnoses of left knee chronic pain, status post two left knee surgeries, bilateral rotator cuff repairs, and hypertension. The physician's impression was a left knee anterior cruciate ligament tear and possible medical meniscus tear. The physician recommended left knee surgery. On 08/28/ 2014, the injured worker underwent a left knee anterior cruciate ligament reconstruct with hamstring autograft and an arthroscopic partial medical meniscectomy. Postoperatively, the injured worker was treated with oral and topical pain medications, and off work. In addition, the injured worker was previously treated with physical therapy. The medical records show 20 sessions from 09/03/2014 to 11/07/2014. On 11/05/ 2014, the treating orthopedic physician noted

that the injured worker found the physical therapy to be beneficial, but still needed to use a cart when he went to the store. He had some calf pain for one week, but this had improved, and he was unsure of the cause of it. The physical exam revealed mild to moderately decreased left knee range of motion, negative Lachman's, no effusion, no warmth or erythema, slight increased rubor of the entire left lower extremity, no allodynia or swelling, negative Homan's, and a non-tender calf. The orthopedic physician recommended physical therapy emphasizing range of motion and off work for six weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 Additional Post-Operative Physical Therapy Visits, two times per week for six weeks for left knee:** Upheld

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

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

**Decision rationale:** The request for 12 Additional Post-Operative Physical Therapy Visits, 12 additional post-operative physical therapy visits, two Times per week for six weeks for left knee is not medically necessary. The California MTUS Postsurgical Guidelines recommend 24 visits for this type of injury, with the postsurgical physical medicine treatment period being 6 months. The injured worker is still within the postsurgical physical medicine treatment period. The injured worker reported mild to moderate pain at 4/10 on the VAS pain scale and deficiency in range of motion. Additional therapy may be warranted within guideline recommendations. However, 12 additional postoperative physical therapy sessions exceed guideline recommendations. There is no documentation to support treatment outside the guideline recommendations such as complications to recovery, comorbidity, or extenuating clinical circumstances. Therefore, the request for 12 additional post-operative physical therapy visits, two times per week for six weeks for left knee is not medically necessary.