

Case Number:	CM14-0198231		
Date Assigned:	12/08/2014	Date of Injury:	07/24/2013
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 New York. 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 has a history of ACL tear with meniscal tear and reconstruction. The patient had surgery on May 9, 2014. The patient has had postoperative physical therapy. The patient continues to make progress with physical therapy. On physical examination patient has numbness and tingling on the lateral aspect of the knee. The patient has 0-125 range of motion. There is no instability on physical examination. On physical examination patient has numbness and tingling on the lateral aspect of the knee. The medical records documented the patient has significantly improved with previous physical therapy. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS guidelines recommend up to 24 sessions of PT following ACL repair. They also recommend up to 12 sessions following meniscal repair. This patient had

arthroscopic reconstruction of the ACL and a meniscectomy in May 2014. Guidelines indicate that initial session of physical therapy should be performed were documented clinical improvement prior to proving additional sessions. The medical records documented this patient has had improvement with previous physical therapy sessions. In fact, the patient has documented significant improvement with previous physical therapy. The patient has normal range of motion of the knee. The patient has almost normal strength documented of the knee. It is unclear why the patient can't be transitioned to a home exercise program at this time. Guidelines indicate that the patient should be transitioned to a home exercise program if significant documentation of improvement is present. Therefore, the request is not medically necessary.