

Case Number:	CM14-0206345		
Date Assigned:	12/18/2014	Date of Injury:	01/31/2014
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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 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 32-year-old female with a 1/31/14 date of injury, when she injured her right knee during the combat training. The patient underwent anterior cruciate ligament reconstruction with hamstring autograft on 6/20/14. The PT progress note dated 10/21/14 stated that the patient accomplished 29 postoperative PT sessions to date. The patient was seen on 11/5/14 for the follow up visit. She was doing much better and had near full extension of the knee. Exam findings of the right knee revealed the range of motion 0-130 degrees with some pain with full extension and flexion. The sensation and perfusion were normal and Lachman test, anterior drawer test and posterior drawer test were negative. The diagnosis is sprain of cruciate ligament of the right knee. Treatment to date: anterior cruciate ligament reconstruction, work restrictions, knee bract, 29 postoperative PT sessions, and medications. An adverse determination was received on 11/14/14 given that the patient completed 29 sessions of PT and there was no mention of any recent flare-ups of the symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy for The Right Knee 2 Times A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regulations, Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear).

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines state that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. For Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) Postsurgical treatment: (ACL repair): 24 visits over 16 weeks. The patient underwent anterior cruciate ligament reconstruction with hamstring autograft on 6/20/14. However the Guidelines recommend 24 sessions of PT after ACL repair, the patient underwent 29 postoperative visits of PT and there is no clear rationale with exceptional reasons indicating why the patient needed additional 12 PT sessions. In addition, given that the patient's surgery was over 6 months ago, it is not clear why the patient cannot transition into an independent home exercise program. Lastly, on the physical examination dated 11/5/14 the patient had nearly full range of motion of the knee. Therefore, the request for post-op physical therapy for the right knee 2 times a week for 6 weeks is not medically necessary.