

Case Number:	CM15-0000111		
Date Assigned:	01/09/2015	Date of Injury:	12/05/2013
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 43 year old male, who sustained an industrial injury on 12/5/2013. He reports falling and injuring the left knee. Diagnoses include status post left knee arthroscopic anterior cruciate ligament reattachment. Treatments to date include 44 sessions of physical therapy, steroid injections, surgery and medication management. A pre-operative note from the treating provider dated 8/18/2014 indicates left knee pain and was scheduled for left knee arthroscopy. On 12/19/2014, Utilization Review non-certified the request for 12 sessions of physical therapy to the left knee, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy to left knee (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: MTUS guidelines recommend post-op PT after knee surgery. This patient has already had 44 sessions without documented improvement. MTUS guidelines recommend up

to 24 sessions of PT. There is no documentation as to why the patient can not be transitioned to a home PT program. Significant improvement with previous PT not clearly documented.