

Case Number:	CM15-0000687		
Date Assigned:	01/12/2015	Date of Injury:	07/12/2012
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male, who sustained an industrial injury on 07/12/2012. The diagnoses have included osteoarticular cartilage lesion left knee, left knee varus deformity, left knee degenerative arthritis, left knee anterior cruciate ligament (ACL) rupture, and morbid obesity. Treatments to date have included recent left proximal tibia high tibial osteotomy, ACL reconstruction using allograft, semitendinosus and lateral meniscus tear and debridement on 10/13/2014, postoperative physical therapy, CPM machine, and medications. Diagnostics to date have included x-rays which showed the high tibial osteotomy to be in good position. Currently, the IW complains of left knee pain that occasional keeps him up at night. On 12/15/2014, the injured worker submitted an application for IMR for review of Home Health Physical therapy 2-3xWk x 8Wks to the Left Knee. On 12/15/2014, Utilization Review modified the above request to Home Health Physical therapy 2xWk x 5Wks to the Left Knee noting that due to the injured worker's slow response to his first round of postoperative physical therapy and the comorbidities including obesity, additional 2 times per week for 5 weeks of physical therapy are recommended for certification. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy twice a week for five weeks for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 10/27/14)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient presents with pain and weakness in his left knee. The patient is s/p left knee medial open wedge osteotomy on 10/13/14. The request is 10 SESSIONS OF HOME HEALTH PHYSICAL THERAPY FOR THE LEFT KNEE. Per 12/04/14 progress report, 10 sessions of physical therapy were authorized and the patient has completed 8 sessions. The current request of additional 10 therapy sessions is within post-operative time frame following the knee surgery. For post-operative therapy treatments MTUS guidelines page 24 and 25 allow 24 sessions of physical therapy over 16 weeks after following ACL repair. In this case, review of the reports does not discuss how the patient has responded to treatments in terms of pain reduction or functional improvement. The patient was recently authorized for 10 sessions of therapy and the treater does not explain why additional therapy is needed. However, the patient continues to have pain and instability. The patient continues to have ROM issues with her left knee. It appears to be reasonable to have another session of therapy. The current 10 sessions combined with 10 already authorized would not exceed what is recommended per MTUS guidelines. The request of physical therapy IS medically necessary.