

<b>Case Number:</b>	CM15-0000832		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on 8/10/2013. The current diagnosis is status post left knee anterior cruciate ligament reconstruction with hamstring autograft and partial medial meniscectomy (8/28/2014). Currently, the injured worker complains of left knee pain. Current medications are Cyclobenzaprine, Flubiprofen, Percocet, and Tramadol. Treatment to date has included medications, surgery, and 28 post-operative physical therapy visits. According to the physical therapy note on 12/2/2014, the injured worker was still lacking full range of motion, minimal improvement with quad setting. The treating physician is requesting 12 additional post-operative physical therapy sessions to the left knee, which is now under review. The patient's surgical history includes left knee anterior cruciate ligament reconstruction with hamstring autograft and partial medial meniscectomy (8/28/2014). Per the doctor's note dated 12/17/14 patient had complaints of left knee pain. Physical examination revealed ROM 0-100, and antalgic gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL MEDICINE PROCEDURE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Request: PHYSICAL MEDICINE PROCEDURE Post-Surgical Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation (8 CCR 9792.24. 3), Knee.CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 24 visits over 16 weeks. Per the records provided, patient has received 28 post op PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. In addition as per cited guideline Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the right knee is not specified in the records provided. The medical necessity of the request for PHYSICAL MEDICINE PROCEDURE 12 additional post-operative physical therapy sessions to the left knee is not fully established in this patient.