

Case Number:	CM15-0006432		
Date Assigned:	01/21/2015	Date of Injury:	03/14/2013
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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 24- year old male, who sustained an industrial injury on March 14, 2013. He reported tripping on stairs and injuring his left knee. The diagnoses have included torn anterior cruciate ligament, patellar tendinitis and partial tear of the patellar tendon. Treatment to date has included pain medication, physical therapy, an orthopedic consultation, a knee brace and routine monitoring. The worker complained of continuous aching in the left knee becoming sharp with shooting pain that is aggravated by standing and walking. Knee was reported to give out and cause loss of balance. There was difficulty ascending and descending stairs and standing and walking for long periods. There was a clicking, popping and locking of the knee. The worker reported difficulty sleeping and awakens with pain and discomfort. The physician's visit dated December 8, 2014 reflected the worker was temporarily totally disabled. This visit contained minimal information other than a request for an anterior cruciate ligament in the knee reconstruction. The worker reported to the physician that the surgery had not been authorized. Diagnosis at this visit was torn anterior cruciate ligament in the knee. On December 18, 2014, the Utilization Review decision non-certified a request for 12 initial post-operative physical therapy visits, noting the documentation contain inadequate information of treatment, exam, magnetic resonance imaging to support surgery and therefore the postoperative physical therapy was not medically necessary. The ACOEM Guidelines, Summary of Recommendations, Knee Disorders was cited. On December 18, 2014, the injured worker submitted an application for IMR for review of a prospective request for twelve initial post-operative physical therapy, three times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) initial post-operative physical therapy 3 x 4 for the left knee, as outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): <http://www.acoempracguides.org/knee>; Table 2, Summary of Recommendations, Knee Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with continuous aching in the left knee becoming sharp with shooting pain that is aggravated by standing and walking. The request is for TWELVE (12) INITIAL POST-OPERATIVE PHYSICAL THERAPY 3X4 FOR THE LEFT KNEE, AS OUTPATIENT. The RFA is not included. Patient's diagnosis included torn anterior cruciate ligament in the knee. Patient is temporarily totally disabled. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater is requesting prospective post-operative physical therapy treatments. Per progress report dated 12/08/14, it does not appear that the patient has been authorized for knee surgery. The patient has already had ACL repair in the past, and a repeat surgery appears to be a discussion but not yet authorized. Without a surgery scheduled, or authorized, post-op therapy request would not be indicated. Therefore, the request IS NOT medically necessary.