MAXIMUS Federal Services

Case Number:	CM15-0007685		
Date Assigned:	01/23/2015	Date of Injury:	09/05/2012
Decision Date:	03/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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: Orthopedic Surgery, Sports Medicine

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 34-year-old male who reported an injury on 09/05/2012 due to an unspecified mechanism of injury. He is noted to be status post right knee arthroscopy with ACL reconstruction and allograft as well as internal brace, chondroplasty, and PRP injection. It was noted that he was doing well and had had an incident where he went to go run and had some swelling, but that that only lasted about a day or so. An examination of the left knee showed small effusion and pain on palpation to the medial joint line with painful McMurray's. He had full range of motion with pain on full flexion with positive anterior drawer and Lachman's and he could not do a pivot shift due to resisting. There was no posterior drawer, posterolateral drawer, or opening with varus or valgus testing. Previous treatments have included surgery, medications, and postoperative physical therapy. A request was made for postoperative physical therapy for the left knee 2 to 3 times a week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical; therapy, left knee (1-2 times a week for 8 weeks): 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: The California Postsurgical Rehabilitation Guidelines indicate that physical therapy is recommended for 12 visits over 12 weeks for the injured worker's condition. Based on the clinical documentation submitted for review, the injured worker was noted to be status post surgery and had continued complaints in the knee. However, there is a lack of documentation showing that he has any significant functional deficits to support the request for additional therapy sessions. In addition, physical therapy notes that were provided indicate that the injured worker did undergo physical therapy following his surgery. However, documentation regarding his response to those sessions and how many sessions he had attended was not provided for review. Also, the request for 1 to 2 times a week is vague and would not be supported. Given the above, the request is not medically necessary.