

Case Number:	CM15-0009540		
Date Assigned:	01/27/2015	Date of Injury:	03/28/2013
Decision Date:	04/02/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/16/2015

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, Arizona

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 32-year-old male who reported an injury on 03/28/2013 due to an unspecified mechanism of injury. On 12/11/2014, he presented for an evaluation. He was noted to be status post right ACL surgery on 07/21/2014. He reported aggravating factors of walking more than 20 to 40 minutes, and stated that he had increased stability of the right knee. A physical examination showed slight restriction with hamstrings, gastrocnemius, and soleus bilaterally. He had 5/5 strength throughout. He was diagnosed with sprain of the ACL and difficulty in walking. The treatment plan was for additional postoperative physical therapy. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post op Physical Therapy 2x6 to the right knee: Upheld

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

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

Decision rationale: California Postsurgical Rehabilitation Treatment Guidelines recommend 24 sessions of physical therapy following the injured worker's surgical intervention. The documentation provided indicates that the injured worker has already attended 36 sessions of physical therapy. This number exceeds guideline recommendations and additional sessions would continue to exceed the guidelines. No exceptional factors were noted to support exceeding the guidelines and therefore, the request would not be supported. Also, the injured worker does not appear to have any significant functional deficits that would support the request for physical therapy treatment. Therefore, the request is not supported. As such, the request is not medically necessary.