

Case Number:	CM15-0105323		
Date Assigned:	06/09/2015	Date of Injury:	04/25/2014
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii

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 52-year-old female, who sustained an industrial injury on 4/25/2014. She reported a right knee injury. The mechanism of injury is unknown. The injured worker was diagnosed as having right knee surgery with arthrofibrosis. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 5/11/2015, the injured worker complains of dull, aching pain, rated 2/10. Physical examination showed painful quadriceps and anterior knee tenderness. The treating physician is requesting 18 physical therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Sessions QTY:18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 24-25.

Decision rationale: The patient presents with anterior knee pain and stiffness in her right knee. Patient is post right knee anterior cruciate ligament reconstruction with quadriceps allograft and partial meniscectomy, 1/28/15. The current request is for 18 physical therapy

session for the right knee. The patient was approved for 18 post-operative physical therapy sessions on 4/20/15. UR modified the request to 9 physical therapy sessions. The treating physician states on 5/11/15, (18A) "Recommended continuation of physical therapy to assist her in range of motion and overall conditioning following her anterior cruciate ligament reconstruction." MTUS Post Surgical Treatment Guidelines state, "Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Postsurgical treatment: (ACL repair): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months." The Post Surgical MTUS Guidelines recommend a total of 24 post surgical treatments over 16 weeks. In this case, the patient was previously approved to 18 post-operative physical therapy sessions. 9 additional sessions were approved and 9 sessions were not approved. It is reasonable for the 9 sessions of authorized therapy be completed before additional therapy is requested. The request for an additional 18 sessions would exceed the MTUS recommend number of 24 total sessions for this diagnosis. The current request is not medically necessary.