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| Case Number: | CM15-0106506 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 08/06/2014 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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: Preventive Medicine, Occupational 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 46-year-old male, with a reported date of injury of 08/06/2014. The diagnoses include left knee anterior cruciate ligament and posterior cruciate ligament injury. Treatments to date have included physical therapy, oral medications, and left knee anterior cruciate ligament and posterior cruciate ligament reconstruction on 11/17/2014. The consulting physician interim report dated 04/27/2015 indicates that the injured worker returned for follow-up of his left knee after surgery. It was noted that the injured worker was making slow, but steady progress. An examination of the left knee showed negative effusion, negative patellofemoral crepitus, negative Lachman's with firm end point, no tenderness, full extension and flexion to 130 degrees, and medial joint space opening of 4mm and a grade 1 posterior cruciate ligament. The physical therapy report dated 04/15/2015 indicates that the injured worker's pain was rated 2 out of 10. It was noted that there was pain, weakness, and mild swelling in the left knee. It was also noted that the injured worker had moderate difficulty completing his activities of daily living and functional tasks due to weakness and fatigue. It was recommended that the injured worker continue with the current program for three visits a week with an expected duration of six weeks. The treating physician requested additional postoperative physical therapy and a hinged brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Postop Physical Therapy 3 times a week for 6 weeks: 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: Per MTUS guidelines, the post-surgical period for sprains and strains of knee and leg to include the cruciate ligament of knee (ACL tear), is 6 months. Recommended by the guidelines is 24 visits of physical therapy over 16 weeks. In this case, the injured worker had left knee arthroscopy for repair of the left anterior cruciate ligament and the left posterior cruciate ligament. A physical examination on 4/27/15 revealed nearly full range of motion of the left knee and no instability. The injured worker reported that the knee is getting better with exercise. The injured worker is not working and has completed over 40 physical therapy sessions. The post-surgical period has expired and the injured worker has already attended at least 40 physical therapy sessions. He should be able to continue a home-based exercise program at this point. The request for additional post-op physical therapy 3 times a week for 6 weeks is determined to not be medically necessary.

Hinged Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, ODG Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee Chapter/Unloader Braces for the Knee Section.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. This injured worker is 6 months status-post left knee arthroscopy for left ACL and PCL tear. A 4/27/15 examination revealed nearly full range of motion and no instability, therefore, the request for a hinged brace is determined to not be medically necessary.