

<b>Case Number:</b>	CM15-0134129		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 (IW) is a 31-year-old male who sustained an industrial injury on 12/19/2012. He reported a twisting injury of his left foot and ankle in a fall from a roof. The injured worker was diagnosed as having posterior cruciate ligament tear. Treatment to date has included an offloading brace on the left knee, an arthroscopy and MCL repair (01/25/2013) and an anterior cruciate ligament reconstruction on 06/17/2013 a MRI was done on 08/21/2014, as he remained symptomatic. A repair of damaged ligaments on the outer ("lateral") side of the ankle was done on 05/02/2014. Surgery was done on 02/18/2015 to repair a posterior cruciate ligament. In the provider notes of 04/28/2015, the worker had 70-80% reduction in pain and restoration of function after his knee surgery and completion of six physiotherapy/rehab visits. He was receiving pain medications, and had completed 6 of the approved 18 sessions of physical therapy. On 06/03/2015, the injured worker was seen by the pain specialist in follow-up of the left knee and left ankle pain. The provider notes an improvement in the left knee since the previous visit, but the knee is still in a postsurgical brace and the IW is using crutches for assistance in ambulation. His medications have been transitioned from hydrocodone and oxycodone for post-operative pain to Tramadol, then to naproxen as needed. On exam, he has normal muscle tone in both upper and both lower extremities. In the physical therapy re-evaluation on 06/30/2015, the worker had progressed to 120 degrees flexion on both the right and left knees with knee extension at 0 degrees. Motor strength was full bilaterally and the worker was able to hold a single leg stance for 60 seconds. The physical therapy evaluation was that at 16 weeks situation post PCL reconstruction, he was performing home exercise program

well without signs of knee instability. A request for authorization was made for the following:  
Extension postoperative physical therapy left knee-8 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Extension postoperative physical therapy left knee - 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, extension postoperative physical therapy to the left knee for 8 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. That seems in this case, the injured worker's working diagnoses are status post posterior cruciate ligament repair. The date of injury is December 19, 2012. The request for authorization is dated June 30, 2015. The most recent progress note is dated May 14, 2015 (by the treating provider). The injured worker is three months the status post left knee reconstruction. The total number of physical therapy sessions received to date is not documented in the medical record. Objectively, there is quadriceps atrophy and medial joint line tenderness. The treatment plan is to continue physical therapy. A physical therapy progress note dated June 30, 2015 subjectively states the injured worker complains of an unstable knee. On examination, there is no instability. The injured worker is approximately 16 weeks posterior cruciate ligament repair. The injured worker is engaged in a home exercise program without knee instability. The physical therapist's treatment plan is to complete authorize physical therapy and then discharge. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Consequently, absent compelling clinical documentation, indicating additional physical therapy is clinically indicated and an unspecified number of physical therapy sessions to date, extension postoperative physical therapy to the left knee for 8 sessions is not medically necessary.