

<b>Case Number:</b>	CM15-0165375		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/19/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30 year old male, who sustained an industrial injury on 12-19-2014. Diagnoses include status post right knee ACL reconstruction. Treatment to date has included surgical intervention (ACL reconstruction on 3-13-2015) followed by postoperative physical therapy. Per the Primary Treating Physician's Progress Report dated 7-22-2015, the injured worker reported that he was still having some discomfort over the distal iliotibial band. He only had two of the last 12 physical therapy sessions approved and he has completed one of those. Physical examination revealed negative Lachman, and anterior and posterior drawer tests. Range of motion is 0-145 degrees. There was good sensation throughout and good distal perfusion. He does have a positive Ober's sign on the right and equal single leg squat bilaterally. Per the physical therapy note dated 6-27-2015 the injured worker has been cleared by MD to begin running progression. He will require continued skilled physical therapy to continue to progress through his ACL rehabilitation. The plan of care included, and authorization was requested, for 12 additional 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:

**12 physical therapy sessions: 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:** 12 physical therapy sessions: right knee are not medically necessary per the MTUS Post Surgical Treatment Guidelines. The MTUS recommends up to 24 post op visits for this patient's surgery and the request when added to the 24 sessions the patient has completed would exceed this recommended number. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary therefore this request is not medically necessary.