

Case Number:	CM15-0183713		
Date Assigned:	09/24/2015	Date of Injury:	01/14/2015
Decision Date:	10/29/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old female, with a reported date of injury of 01-14-2015. The diagnoses include status post ACL (anterior cruciate ligament) lysis of adhesions. Treatments and evaluation to date have included physical therapy, and left knee arthroscopic lysis of adhesion and manipulation under anesthesia on 07-30-2015. The diagnostic studies to date have included left knee intra-articular specimen on 06-05-2015 with negative findings and left tibia wound specimen on 06-05-2015 with negative findings. The medical report dated 08-17-2015 indicates that the injured worker made some progress and had a somewhat better gait, but her loss of motion remained "worrisome". The treating physician noted that the injured worker's extension lacked five degrees and her flexion was to 100 degrees with difficulty. The treating physician believed that an early manipulation under anesthesia was justified which would most likely result in another arthroscopic lysis of adhesions. The physical examination showed a stable Lachman, intact neurovascular status, stiffness with some improvement. The injured worker status was noted temporary total disability. The treating physician requested physical therapy for the left knee two times a week for five weeks. On 09-10-2015, Utilization Review (UR) non-certified the request for physical therapy for the left knee two times a week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 5 weeks to the left knee (post MUA): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in January 2015 and underwent an anterior cruciate ligament repair on 06/02/15. She required manipulation under anesthesia which was done on 07/30/15. As of 08/28/15 she had completed 23 therapy treatments since the original postoperative evaluation on 06/18/15. When seen by the requesting provider she had been able to maintain 115 degrees of flexion and had -5 degrees of extension. She had decreased quadriceps control and strength. Being requested is an additional 10 physical therapy treatments. After a knee manipulation under anesthesia, guidelines recommend up to 20 visits over 4 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy with case notes referencing authorization of 12 treatments after the manipulation under anesthesia performed in July 2015. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. She is maintaining the range of motion gained by the manipulation under anesthesia and a daily home exercise program would best meet her needs. Providing the number of requested additional skilled physical therapy services would not reflect a fading of skilled treatments and could promote dependence on therapy provided treatments. The request is not medically necessary.