

Case Number:	CM15-0197047		
Date Assigned:	10/12/2015	Date of Injury:	12/12/2014
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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:

This is a 64 year old male with a date of injury of December 12, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for left anterior cruciate ligament tear and tear of the posterior horn of the medial meniscus and anterior aspect of the lateral meniscus. Medical records dated July 21, 2015 indicate that the injured worker was status post left knee arthroscopy with anterior cruciate ligament reconstruction on July 10, 2015. Records also indicate that the injured worker had not started physical therapy. A progress note dated August 31, 2015 documented that "Postoperatively he is making excellent progress". Per the treating physician (August 31, 2015), the employee was temporarily totally disabled. The physical exam dated July 21, 2015 reveals no signs of infection and no pain with passive dorsiflexion of the left ankle. The progress note dated August 31, 2015 documented a physical examination that showed range of motion of the left knee lacking five degrees of extension, flexion of 110 degrees, stable anterior drawer and Lachman testing, and intact neurovascular and skin exam. Treatment has included left knee surgery, and at least ten sessions of postoperative physical therapy. The utilization review (September 21, 2015) non-certified a request for twelve sessions of physical therapy for the left knee.

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 6 weeks for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The patient was injured on 12/12/14 and presents with left knee pain. The request is for physical therapy 2 times a week for 6 weeks for the left knee. The utilization review denial rationale is that there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. The RFA is dated 09/14/15 and the patient's current work status is not provided. On 07/10/15, the patient underwent a left knee arthroscopy with ACL reconstruction. MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of 16 weeks for patients undergoing arthroscopy with ACL tear. The post-surgical time frame is 6 months. The patient has an antalgic gait, uses crutches for ambulation, and has a brace for the left knee. He is diagnosed with status post left knee ACL repair, history of right knee arthroscopic surgery with residual pain, and hypertension. The patient underwent a left knee arthroscopy with ACL reconstruction on 07/10/15. The patient has had at least 12 sessions of therapy from 07/29/15 to 09/09/15. The requested 12 additional sessions in addition to the 12 sessions he has already had is within guidelines and appears reasonable. Therefore, the request is medically necessary.