

Case Number:	CM15-0205115		
Date Assigned:	10/22/2015	Date of Injury:	10/08/2014
Decision Date:	12/03/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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:

The injured worker is a 28 year old female, who sustained an industrial-work injury on 10-8-14. She reported initial complaints of right knee pain. The injured worker was diagnosed as having right knee medial meniscus tear and right knee anterior cruciate ligament tear, subsequent. Treatment to date has included medication, diagnostics, surgery (right knee on 4-9-15), 6 physical therapy sessions out of 12, and home exercise program (HEP). Currently, the injured worker complains of persistent right knee pain. Physical therapy sessions have given some improvement. Per the primary physician's progress report (PR-2) on 9-14-15, exam notes full extension and 120 degrees of flexion, quad weakness on the right side with 3 out of 5 strength, limping gait, off crutches, patellofemoral pain in the left knee due to compensation and prolonged limping. Current plan of care includes continued sessions of physical therapy to improve quads weakness along with gym exercises. The Request for Authorization requested service to include Physical therapy, right knee, 12 sessions. The Utilization Review on 10-14-15 modified the request for Physical therapy, right knee, 6 sessions, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Postsurgical Treatment 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right knee, 12 sessions: Overturned

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

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

Decision rationale: Review indicates the patient is s/p knee arthroscopy with meniscectomy and ACL reconstruction on 4/9/15 without postop complications and has completed 6/12 postop PT sessions. PT notes have shown improvement in range. Request for an additional 12 sessions was modified for 6 visits. The Chronic Pain Guidelines for Post-surgical treatment for ACL repair allow for 24 visits over 16 weeks and 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. The patient has completed the 12 post-op PT visits with an additional 6 sessions for total of 18 visits. Submitted reports have adequately demonstrated the indication to support further physical therapy consistent with the guidelines criteria as the patient exhibit improved range of motion and motor strength. The patient's surgery is now 7 months; however, continues to have some weakness and functional limitations to support for the additional physical therapy for total of 24 PT visits within guidelines criteria. PT notes and the provider both reported patient with functional improvement; however, with continued weakness to support further therapy within guidelines criteria. The Physical therapy, right knee, 12 sessions is not medically necessary and appropriate.