

Case Number:	CM15-0207193		
Date Assigned:	10/26/2015	Date of Injury:	06/19/2014
Decision Date:	12/07/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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 is a 39 year old male, who sustained an industrial injury on 6-19-14. The injured worker was being treated for status post right knee ACL reconstruction with medial and lateral meniscectomy and sprain of cruciate ligament of knee. On 9-23-15, the injured worker reports decreasing pain and improving function 4 months status post right knee ACL reconstruction (he has 4 visits of physical therapy left). On 10-2-15 he notes pain is 4 out of 10 with medications and 8 out of 10 without medications; he also notes medication relieved pain and spasm. He is currently not working. Physical exam dated 9-23-15 revealed quadriceps atrophy, no crepitus or pain with range of motion and a normal gait and on 10-2-15 physical exam revealed pain, tenderness and swelling of right knee. Physical therapy progress note dated 10-12-15 requested additional physical therapy 12 visits. Treatment to date has included right knee ACL reconstruction, 29 physical therapy visits, home exercise program, medications and activity modifications. The treatment plan included request for 8 additional physical therapy sessions of the right knee. On 10-16-15 request for 8 additional physical therapy sessions for right knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-operative Physical Therapy 2x4 for the Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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, additional postoperative physical therapy two times per week times four weeks to the right knee 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are sprain strain knee/ leg; internal derangement of knee; and muscle spasms. The injured worker is status post ACL reconstruction with medial meniscectomy June 2, 2015. Date of injury is June 19, 2014. Request for authorization is dated October 12, 2015. According to an October 2, 2015 progress note, subjective complaints include pain in the right knee is slightly better (four months post operative). Objectively, there is tenderness and swelling. The injured worker ambulates with an analgic gait. According to an October 12, 2015 physical therapy progress note, the injured worker received #29 sessions of physical therapy. The physical therapist recommended discharge with an ongoing home exercise program. The injured worker was instructed to return upon reevaluation by the treating provider. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (24 sessions over 16 weeks) is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, physical therapy progress note #session 29 indicating the injured worker was discharged to continue a home exercise program and no compelling clinical facts indicating additional physical therapy is clinically warranted, additional postoperative physical therapy two times per week times four weeks to the right knee is not medically necessary.