MAXIMUS Federal Services

Case Number:	CM15-0208835		
Date Assigned:	10/27/2015	Date of Injury:	01/14/2015
Decision Date:	12/08/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/23/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 40-year-old female sustained an industrial injury on 1/14/15. Injury occurred when she missed the last step on a ladder and fell. She underwent an anterior cruciate ligament reconstruction on 5/28/15 and subsequent arthroscopic irrigation and debridement on 6/5/15, tibial wound debridement with application of vacuum therapy on 6/16/15, and wound vac change on 6/19/15. She initiated physical therapy on 6/18/15 and completed 11 sessions as of 7/30/15. She underwent arthroscopic lysis of adhesion and manipulation under anesthesia on 7/30/15. The 8/17/15 treating physician report indicated that the injured worker had made some progress and had a somewhat better gait but her loss of motion was worrisome. Range of motion lacked 5 degrees of extension and she was able to flex the knee to 100 degrees with difficulty. Early manipulation under anesthesia was warranted. She had completed 10 additional post-operative visits as of 8/20/15. On 8/24/15, she underwent left knee manipulation under anesthesia and an intraarticular steroid injection for a diagnosis of post-operative arthrofibrosis. The 9/22/15 treating physician report indicated that the injured worker was making progress. She lacked 3 to 4 degrees of extension and flexed to approximately 120 degrees. Gait had improved. Authorization was requested for physical therapy for the left knee twice a week for 4 weeks. The 10/14/15 physical therapist chart note documented that the injured worker had completed 29 visits since 6/18/15. On-going issues included knee pain, decreased range of motion, decreased vastus medialis oblique (VMO) strength and control, and decreased muscle-testing grades. A progressive therapy was documented. The 10/20/15 utilization review non-certified the request for 8 visits of additional post-op physical therapy as she had completed 29 post-operative therapy

sessions and the medical necessity of additional therapy had not been established over transition to a dynamic home exercise program to address any on-going deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Post-Operative Physical Therapy to Left Knee Two (2) Times a Week for Four (4) Weeks: Overturned

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for physical therapy following knee manipulation under anesthesia suggest a general course of 20 post-operative physical medicine visits over 4 months, during the 6-month post-surgical treatment period. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. This injured worker underwent an anterior cruciate ligament reconstruction on 5/28/15 with post-operative issues of infection and arthrofibrosis. She has undergone manipulation under anesthesia twice, most recently on 8/24/15. Records indicate that she has attended 8 sessions of physical therapy following the most recent manipulation under anesthesia. There is residual loss of range of motion and strength documented. It is reasonable to allow post-operative treatment within the general course of recommended care following the most recent surgery. She has completed 8/20 physical therapy visits with documented functional benefit and residual functional loss. Therefore, this request is medically necessary.