MAXIMUS Federal Services

Case Number:	CM15-0211030		
Date Assigned:	10/30/2015	Date of Injury:	04/07/2014
Decision Date:	12/11/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/27/2015

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 41 year old male who sustained an industrial injury on 04-07-2014. On 06-18-2015, the injured worker underwent left knee synovectomy, left anterior cruciate ligament reconstruction with Achilles tendon allograft later followed by physical therapy. According to a physical therapy progress report dated 10-01-2015, range of motion of the left knee was 135 degrees with flexion and 0 with extension. Manual muscle testing was 5 out of 5 on the left and 4 plus out of 5 on the right in the quadriceps, hamstring and gluteal. Left knee pain was rated 2-5 out of 10 after prolonged sitting. The injured worker report a 60% overall improvement and general weakness with activities of daily living or prolonged periods of walking. The treatment plan included additional physical therapy. According to an orthopedic progress report dated 10-07-2015, the injured worker was much improved referable to his left knee. He reported cervical spine pain that radiated down his left upper extremity and pain in the paracervical musculature. Objective findings included full range of motion of the left knee and negative Lachman and pivot shift. Diagnosis included left knee revision anterior cruciate ligament reconstruction. The provider was hoping that the injured worker would return to his usual and customary duties in the next two months. The treatment plan included an epidural for the spine. An authorization request dated 10-20-2015 was submitted for review. The requested services included left knee physical therapy. Physical therapy progress reports submitted for review showed that as of 10-01-2015, the injured worker had attended 20 sessions of physical therapy. On 10-23-2015, Utilization Review non-certified the request for physical therapy 6 visits 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 6 visits for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Introduction, Physical Therapy.

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 and leg section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy six visits left knee physical 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 cervical spondylosis C-5 through C7; left knee revision anterior cruciate ligament reconstruction; and right trigger thumb resolved. Date of injury is April 7, 2014. Request for authorization is October 20, 2015. The injured worker's status post left knee synovectomy and ACL reconstruction. Subjectively, the injured worker continues to improve (left knee). Left knee is getting stronger. The injured worker was eight weeks post revision anterior cruciate ligament reconstruction. Objectively, range of motion is 0 to 100 left knee. The cruciate ligament is stable. According to the utilization review, the worker received at least 20 sessions of physical therapy. The guidelines recommend 24 sessions. The treating provider has requested an additional six sessions. The total number exceeds the recommended guidelines. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no compelling clinical facts indicating additional physical therapy over the recommended guidelines (24 sessions) is clinically indicated, physical therapy six visits left knee physical is not medically necessary.