

Case Number:	CM15-0212105		
Date Assigned:	11/02/2015	Date of Injury:	09/24/2012
Decision Date:	12/11/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/28/2015

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 47 year old female, who sustained an industrial injury on 9-24-2012. A review of the medical records indicates that the injured worker is undergoing treatment for a Grade 3 tear of the anterior cruciate ligament of the left knee status post left knee endoscopic anterior cruciate ligament (ACL) reconstruction with Achilles tendon allograft on 5-22-2015. On 7-8-2015, the injured worker reported occasional discomfort in the left knee. The Primary Treating Physician's report dated 7-8-2015, noted the injured worker was approximately six weeks post-op from left knee surgery, making good progress with physical therapy progressing well. The physical examination was noted to show the incisions well healed with stable Lachman and anterior drawer test of the left knee with no effusion. Prior treatments have included left knee endoscopic anterior cruciate ligament reconstruction 5-22-2015, post-op physical therapy, and occupational therapy. The treatment plan was noted to include an order for a functional type anterior cruciate ligament (ACL); brace for the left knee, recommendation for ice and anti-inflammatories as needed, and request for 12 more sessions of physical therapy for strengthening her left knee. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 10-7-2015, requested physical therapy for the left knee 12 sessions (2x6). The Utilization Review (UR) dated 10-16-2015, denied the request for physical therapy for the left knee 12 sessions (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee 12 sessions (2x6): Upheld

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 left knee endoscopic anterior cruciate ligament reconstruction 5-22-2015 with 24 post-op physical therapy now with request for an additional 12 visits for continued symptoms and deficits, remaining temporarily totally disabled. The Chronic Pain Guidelines for Post-surgical treatment for ACL repair allow for 24 visits over 16 weeks for a post-surgical physical medicine treatment period of 6 months. The patient has completed at least 24 post-op PT visits. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 6 months without documented functional limitations or complications to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered nor what limitations are still evident for further therapy. The Physical therapy for the left knee 12 sessions (2x6) is not medically necessary and appropriate.