

<b>Case Number:</b>	CM15-0220575		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, Oregon, Washington  
 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:

The injured worker is a 39-year-old male, who sustained an industrial injury on 3-3-14. The injured worker is diagnosed with left knee lateral collateral ligament sprain. His work status is temporary total disability. Notes dated 10-1-15 and 11-2-15 reveals the injured worker presented with complaints of left knee pain rated at 2 out of 10. The pain is increased by weather and activity and improved by rest. Physical examinations dated 10-22-15 and 11-2-15 revealed an altered gait, full extension and flexion (0-120) of the left knee, sensation is intact and muscle wasting is noted in his quadriceps. The 10-22-15 note states the injured worker can resume physical therapy as he was unable to complete due to wound "problems." Treatment to date has included physical therapy (6 for the left knee) dated 4-27-15 noted less crepitus during medial, lateral and superior patellar glides and reduced myofascial adhesions in the distal quad. He continues to have tightness and tenderness in the peroneals; left knee surgery requiring a wound vac due to infection per note dated 10-1-15 and a cane for stability. Diagnostic studies include bilateral lower extremity electrodiagnostic study and left knee MRI. A request for authorization dated 10-30-15 for post-operative physical therapy 12-18 for the left knee is modified to 6 sessions, per Utilization Review letter dated 11-3-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy 12-18 to Left Knee: 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:** According to the CA MTUS/Post Surgical Treatment Guidelines, ACL tear, page 25, 24 visits of therapy are recommended after arthroscopy with ACL reconstruction over a 16 week period. In this case the exam note from 11/2/15 shows that this patient has been to 6 visits of PT already. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is not medically necessary.