

Case Number:	CM15-0033035		
Date Assigned:	02/26/2015	Date of Injury:	12/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

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 31-year-old female who sustained an industrial injury on 12/15/2013 while working as a warehouse clerk. She was descending a ladder and began to fall after miss stepping on a rung of the ladder. The worker affected her left knee on the shelving and buckled the knee without a distinct fall. The following assessments are listed: degenerative joint disease/knee; Tibia; Patella; Tear of Medial Cartilage Meniscus Knee; Tear of lateral Cartilage/Meniscus Knee; Sprain Cruciate Ligament of Knee. Prior to surgery, the worker had conservative treatment with physical therapy, x -rays, a MRI, anti-inflammatory and analgesics without improvement. On 12/10/2014, surgery was performed on the left knee. Exam note 12/16/14 demonstrates plan to initiate 10 visits of physical therapy for phase I rehab range of motion and closed chain kinetic exercises. Physical therapy note is provided on 12/23/14. Provider reports on 1/14/15 of initiating phase II PT in 2 weeks for advanced closed chain strengthening and terminal range of motion. At four weeks post left knee anterior cruciate ligament reconstruction and medial/lateral partial meniscetomy, the treatment plan is for a physical therapy referral, heat to the affected area, rehab exercises and stretches, wear a brace, wear an ACE wrap, and ice the affected area. The current request is for Post-operative physical therapy 2 times a week for 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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 1/14/15 does not demonstrate how many visits of physical therapy have been obtained or evidence of functional improvement to warrant further visits. Therefore, the determination is not medically necessary.