

Case Number:	CM15-0041613		
Date Assigned:	03/11/2015	Date of Injury:	06/11/2014
Decision Date:	04/21/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 29-year-old male who sustained an industrial injury on 06/11/2014. He reported pain in the left knee. The injured worker was diagnosed as having a tear of the left knee anterior cruciate ligament (ACL). Treatment has included ACL reconstruction. Currently, the injured worker continued to complain of intermittent left lateral knee pain after the surgery. The physician requested an additional 2x6 weeks additional PT 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 2 x 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 06/11/2014. The medical records provided indicate the diagnosis of tear of the left knee anterior cruciate ligament (ACL). Treatment has included ACL reconstruction. The medical records provided for review

do not indicate a medical necessity for Physical Therapy 2 x 6 weeks for the left knee. The records indicate the injured worker had 24 postsurgical physical therapy visits and is progressing as expected. The MTUS postsurgical physical therapy guidelines for ACL repair recommends: postsurgical treatment: (ACL repair): 24 visits over 16 weeks for postsurgical physical medicine treatment period: 6 months. Therefore, the injured worker has had the maximum allowed postsurgical physical medicine treatment. The request is not medically necessary.