

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0045646 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 10/21/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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, Pain Management, 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 patient is a 33 year old male treated for bilateral anterior cruciate ligament tears with a date of injury recorded on October 21st, 2013. He received an anterior cruciate ligament reconstruction with Achilles tendon allograft in March 2015. The request is for 24 sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions to The Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS 2009 post-surgical treatment guidelines states that up to 24 sessions of physical therapy can be provided after a cruciate ligament surgery. This request for a total of 24 sessions of physical therapy adheres to MTUS 2009 and is approved. The requested treatment is medically necessary.

