

Case Number:	CM15-0048205		
Date Assigned:	03/20/2015	Date of Injury:	06/20/2013
Decision Date:	05/06/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on June 20, 2013. He has reported left knee pain. Diagnoses have included sprain of the cruciate ligament of the knee, osteoarthritis of the leg, and chondromalacia patellae. Treatment to date has included medications, chiropractic care, knee surgeries, and imaging studies. A progress note dated October 15, 2014 indicates a chief complaint of left knee pain and poor sleep quality. The treating physician requested additional postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OPERATIVE PHYSICAL THERAPY TIMES TWENTY-FOUR (24) SESSIONS TO THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Postoperative physical therapy, knee.

Decision rationale: The California MTUS guidelines recommends 24 visits of postoperative physical therapy for an ACL repair. The injured employee did have an ACL reconstruction

performed on November 14, 2014. It is unknown how many visits of postoperative physical therapy the injured employee has participated in and an additional 24 visits were requested on February 11, 2015. There is no current knee examination provided regarding the injured employee's knee range of motion and strength. Considering this lack of information to justify future therapy, this request for an additional 24 visits of postoperative physical therapy is not medically necessary.