

Case Number:	CM15-0049620		
Date Assigned:	03/23/2015	Date of Injury:	12/20/2012
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45-year-old male, who sustained an industrial injury on 12/20/12. He reported left knee injury. The injured worker was diagnosed as having status post anterior cruciate ligament reconstruction, left knee with mild degenerative changes and recent fall, status post right hip strain and left knee strain. Treatment to date has included anterior cruciate ligament reconstruction and physical therapy. (MRI) magnetic resonance imaging of left knee was performed on 3/13/14. Currently, the injured worker complains of increased pain in left knee and right hip after a fall. Physical exam noted a slow guarded gait, diffuse tenderness to right hip, and diffuse tenderness in the peripatellar retinacular structures with crepitus in the patellofemoral joint and full range of motion of left knee. The treatment plan consisted of additional physical therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times four (twelve visits) for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a work-related injury in December 2012 and continues to be treated for left knee pain. He underwent an ACL reconstruction and as of January 2015 had completed 10 - 12 therapy sessions. When seen, he was having increased pain after a fall. Post surgical treatment after an ACL repair includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the number of requested visit in combination with those already provided is consistent with that recommendation and therefore was medically necessary.