

<b>Case Number:</b>	CM15-0055783		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 51-year-old male, who sustained an industrial injury on 5/2/13. He has reported being knocked to the ground by a cart with right knee pain, back and neck pain. The diagnoses have included lumbosacral or thoracic neuritis. Treatment to date has included medications, surgery, chiropractic, Home Exercise Program (HEP) and physical therapy. Surgery included reconstruction of the knee and repair of ACL on 10/21/14. The Magnetic Resonance Imaging (MRI) was done on 1/9/15. Currently, as per the physician progress note dated 1/9/15, the injured worker complains of low back pain with radiation with full extension of right knee being limited. He has been going to physical therapy and states that 12 visits were approved that have not been embarked upon and is eager to continue with physical therapy. The physical exam revealed limited range of motion of the lumbar spine, tenderness, and Babinski is absent. The physician noted that 12 visits of physical therapy were approved through his previous treating physician and requests that the 12 visits be re-approved. The physician requested treatment includes Physical therapy 12-18 visits quantity: 18.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12-18 visits quantity: 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and underwent an ACL repair in October 2014. As of 12/18/14, he had completed 12 post-operative physical therapy treatments. 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. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative physical therapy and the additional 18 visits being requested is in excess of that recommended following this procedure. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.