

Case Number:	CM15-0056607		
Date Assigned:	04/01/2015	Date of Injury:	08/07/2012
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 27 year old male, who sustained an industrial injury on 8/07/2012. Diagnoses include torn anterior cruciate ligament graft with recurrent instability, chondromalacia of the medial and patellofemoral compartments, synovitis, medial and lateral meniscus tear and status post failed ACL reconstruction with auto graft patellar bone tendon bone. Treatment to date has included surgical intervention including left knee diagnostic/operative arthroscopy and partial medial and lateral meniscectomy, chondroplasty, synovectomy and debridement and Achilles tendon Allograft dated 10/3/2014. He underwent postoperative physical therapy (2x6) and ice/cold therapy. An additional 12 sessions of physical therapy (2x6) were certified on 1/06/2015. Per the Pre-operative assessment dated 10/02/2014, the injured worker reported chronic severe left knee pain. Objective findings of the left knee were not documented. The plan of care included surgical intervention. Authorization was requested on 3/16/2015 for additional physical therapy (2x6) for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing left knee pain and stiffness. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for an additional twelve physical therapy sessions for the left knee done twice weekly for six weeks is not medically necessary.