

<b>Case Number:</b>	CM15-0058761		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 37-year-old male, who sustained an industrial injury on 7/12/2012. Diagnoses have included status post-medial opening wedge osteotomy with anterior cruciate ligament reconstruction. Treatment to date has included knee surgery and physical therapy. According to the progress report dated 1/13/2015, the injured worker reported that his pain was improving. He had finished eight of ten physical therapy sessions. He was walking with crutches. Exam of the left knee revealed a well-healed incision. He demonstrated quadriceps atrophy on the left leg compared to the right. Authorization was requested for physical therapy twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks (12 sessions) of left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - knee chapter pg 54.

**Decision rationale:** According to the guidelines, physical therapy after ACL surgery is recommended up to 24 visits over 16 weeks. The claimant had completed 8 sessions of 10 and additional 12 sessions would be a total of 22 which is below the maximum recommended by the guidelines. The surgery was performed on 10/13/14. The request for 12 additional sessions of therapy is appropriate and medically necessary.