

Case Number:	CM15-0060648		
Date Assigned:	04/06/2015	Date of Injury:	06/13/2014
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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 42 year old male, who sustained an industrial injury on June 13, 2014. He reported injury to the left knee. The injured worker was diagnosed as having left knee failed ACL reconstruction status post hardware removal. Treatment to date has included surgery, diagnostic studies, physical therapy, medications and home exercise program. On January 15, 2015, the injured worker was post-op left knee surgery from 12/22/2014. He noted that he feels better and rated his pain as a 4 on a 1-10 pain scale. Inspection of the left knee revealed healing arthroscopic incisions with no skin necrosis, drainage or cellulitis. Range of motion and motor strength were not tested. The injured worker was ambulating with a long leg brace, using crutches and he was noted to be partial weight-bearing. The treatment plan included a follow-up visit and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6 wks Knee: Overturned

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

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

Decision rationale: The claimant sustained a work injury nearly one year ago and underwent a left ACL repair on 12/22/14. As of 02/24/15 he had attended eight postoperative therapy sessions. He has not returned to work. 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 additional visits being requested is within guideline recommendations and therefore is medically necessary.