

Case Number:	CM15-0085992		
Date Assigned:	05/08/2015	Date of Injury:	01/21/2010
Decision Date:	06/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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:

This 60 year old female sustained an industrial injury to the left knee and neck on 1/21/10. The injured worker underwent left knee anterior cruciate ligament reconstruction on 10/23/14. The injured worker received postoperative physical therapy. In a PR-2 dated 1/9/15, the physician noted that the injured worker had been making steady progress in physical therapy. On exam, the injured worker had no effusion and had full extension and flexion up to 135 degrees. The injured worker had 0 plus anterior drawer and 0 plus Lachman's with a negative pivot shift. In a PR-2 dated 2/23/15, the injured worker reported a sense of weakness to the left knee and reported that her knee was no longer giving way. Physical exam was remarkable for range of motion 0 degrees to 135 degrees, 0 to 1 plus anterior drawer, 0 to 1 plus Lachman's with a negative pivot shift and firm end points. The physician noted that the injured worker was not ready to return to her full and customary duties and should continue strengthening, balance and proprioception. In a physical therapy progress note dated 3/23/15, the physical therapist noted that the injured worker exhibited improved left knee range of motion and strength. The injured worker would benefit from performing home exercise. The injured worker had been unable to procure a stationary bike due to lacking funds. Current diagnoses included anterior cruciate ligament tear status post repair. The treatment plan included continuing physical therapy twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week x 3 weeks for the left knee: Upheld

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 in January 2010 and underwent an arthroscopic anterior cruciate ligament repair in October 2014. Treatments have included postoperative physical therapy with completion of 26 treatment sessions referenced. When seen, there had been improved range of motion and strength. Recommendations had included performing a home exercise program. 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 number of requested additional skilled physical therapy services is in excess of that recommended or what would be needed to finalize a home exercise program. The request is therefore not medically necessary.