

Case Number:	CM15-0242776		
Date Assigned:	12/22/2015	Date of Injury:	09/24/2012
Decision Date:	01/29/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/14/2015

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: New Jersey

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:

This is a 47 year old female who sustained a work-related injury on 9-24-12. Medical record documentation on 11-11-15 revealed the injured worker was status post left knee anterior cruciate ligament reconstruction on 5-22-15. She reported completion of 24 sessions of physical therapy with excellent progress. Her range of motion had increased and was 0 to 130 degrees. She reported notable quadriceps atrophy which contributed to a lack of strength. Her left knee strength was 4-5 and she had stable Lachman test, anterior drawer test and stable varus and valgus testing. A request for physical therapy 2 times a week for 6 weeks for the left knee was received on 11-23-15. On 12-2-15, the Utilization Review physician modified physical therapy 2 times a week for 6 weeks for the left knee to physical therapy times 4 for the left knee.

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 for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short-term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. The Postsurgical Treatment Guidelines state that following ACL tears, up to 24 supervised physical therapy sessions are recommended over 16 months. In the case of this worker, there was a left knee ACL repair followed by 24 completed and successful physical therapy sessions. The provider requested additional therapy (12 sessions) as strength is still not optimal. However, at this point, having already completed the recommended number of supervised sessions, home exercises (unsupervised) should be the main form of therapy moving forward. It was not clearly reported that the worker was performing these at home over the prior months and currently. Nor was there any evidence that this worker was not capable of performing them. Therefore, additional supervised therapy will be considered medically unnecessary at this time.