

<b>Case Number:</b>	CM14-0124832		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/14/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41-year-old male with a date of injury of 9/14/13. The mechanism of injury occurred when he was running downstairs and twisted his knee. On 3/21/14 the patient had surgery for an arthroscopic ACL reconstruction of the right knee. The patient has had 22 sessions of post-operative physical therapy to date. On 7/2/14, he stated he felt improvement in his strength and pain over the last month. He can now manage stairs without using the rail and can do so with alternating steps. He can squat lower as well before there is pain. He has not attempted any higher-level exercises. On exam there was mild to moderate swelling throughout the right knee. He ambulates with a custom ACL brace. He had improved range of motion in right knee, improved knee and lower extremity strength, improved gait mechanics, and overall reduced pain. The diagnostic impression is sprain and strain of cruciate ligament of knee and status post right knee ACL reconstruction. Treatment to date includes ACL reconstruction right knee, physical therapy, and medication management. A UR decision dated 7/10/14 denied the request for physical therapy, 12 visits for the right knee. The physical therapy was denied because he has had 22 post-operative physical therapy sessions for the right knee to date. Guideline recommends 24 visits of post-operative physical therapy for the right knee ACL reconstruction. There was a lack of physical examination findings documented that would support the need to deviate further from guideline recommendations versus transitioning to a self-directed home exercise program and the records did not document a home exercise program would be insufficient to address any residual issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 visits of physical therapy for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 and on the Official Disability Guidelines (ODG) Knee and Leg Chapter Physical Medicine

**Decision rationale:** The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24- visit limitation for chiropractic, occupational and physical therapy. Guidelines recommend for post-surgical repair of the ACL, 24 visits over 16 weeks. However, the patient has had 22 post-operative physical therapy sessions to date. With the requested 12 additional physical therapy sessions, this would be 34 physical therapy sessions, which well exceeds the recommended 24 visits for post-operative physical therapy. There was no rationale noted as to why the patient cannot transition to a home exercise program. Therefore, the request for physical therapy, 12 visits for the right knee is not medically necessary.