

<b>Case Number:</b>	CM14-0125977		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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:

40 year old male claimant with an industrial injury dated 07/17/13. The patient is status post a left knee revision ACL reconstruction on 11/05/13. The patient has completed 24 postoperative physical therapy sessions between 11/15/13-02/28/14. X-rays of the left knee dated 02/07/14 demonstrate mild osteoarthritic changes tricompartmentally, along with loose bodies in the knee joint, and chondrocalcinosis along the lateral compartment. Exam note 07/07/14 states the patient returns with left leg pain. The patient is status post cortisone injections and a visco supplementation to his left knee and felt that it was unsuccessful. The patient explains that he has difficulty straightening his leg. The patient states that the prior physical therapy sessions did aid in recovering his muscle strength and believes more sessions would aid in full recovery. Upon physical exam the patient demonstrates a left knee range of motion of 0'-135'. There was evidence of swelling around the patellar tendon, and hypomobility of the patella compared to the opposite side. The patient hyperextends -2 to 3 degrees on his opposite knee. Treatment includes additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

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

**Decision rationale:** According to the CA MTUS/Post-Surgical Treatment Guidelines, ACL tear, page 25, 24 visits of therapy are recommended after arthroscopy with ACL reconstruction over a 16 week period. In this case the exam note from 7/7/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program as the patient has reached the maximum recommended visits. Therefore the request is not medically necessary.