

Case Number:	CM14-0126835		
Date Assigned:	08/13/2014	Date of Injury:	07/23/2011
Decision Date:	10/09/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation 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 25 year-old patient sustained an injury on 7/23/11 while employed by [REDACTED]. Request(s) under consideration include physical therapy 2x/wk x 8wks, right knee. Diagnoses include left joint leg pain s/p left knee arthroscopy with ACL reconstruction on 3/3/14; previous left knee ACL reconstruction in 2004 and left knee arthroscopy also in 2011. Physical therapy report of 4/16/14 noted patient had an initial knee injury 10 years ago and reinjured it in 2011 with previous left knee medial meniscectomy. Knee range not 0-110 degrees with 3/5 strength from 2 sessions. Physical therapy (PT) note of 5/21/14 noted patient completed 10 sessions with left knee range of 0-126 degrees with 3/5 strength. Physical therapy note of 6/10/14 reported the patient having completed the allotted PT sessions for the left knee and continues with home exercise program with improvement to full range of motion. Medications list Norco, Prozac, Percocet, Wellbutrin, and Depo-Provera. Exam showed range in left knee of 0-120 degrees with decreased quadriceps tone along with right knee medial and lateral joint line tenderness. PT report of 7/7/14 noted patient having completed 15 sessions with range of left knee at 5-142 degrees. PT report of 7/30/14 noted patient completed 22 sessions with full ROM and 4/5 strength with ROM. Report of 7/3/14 from the provider noted the patient had previously authorized 24 post-operative physical therapy visits to date with full improvement of range of motion. Exam showed mild soft tissue swelling of knee, mild effusion noted with positive medial joint line tenderness on palpation; full range of 0-120 degrees; stable varus/ valgus stress at 0 and 30 degrees; normal strength and normal motor tone bilaterally; no evidence of subluxation except for ACL with stable stress testing. Right knee MRI ordered elsewhere was reviewed with patient and noted to have unchanged findings from previous. Treatment included continuing PT for 12 sessions. The request(s) for Physical therapy 2x/wk x 8wks, right knee was non-certified on 7/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x wk x 8wks., right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Knee and Leg (Acute & Chronic), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee Page(s): 14-15.

Decision rationale: The Chronic Pain Guidelines for Post-surgical treatment for ACL repair allow for 24 visits over 16 weeks for a post-surgical physical medicine treatment period of 6 months. The patient has completed the 24 post-op physical therapy (PT) visits. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now over 7 months without documented functional limitations or complications to allow for additional physical therapy. PT notes and the provider both reported patient with full range of motion, no instability, with adequate strength without noted ADL limitations, new injury, comorbidities, or extenuating operative complications to support further therapy beyond guidelines criteria. There is no reported failure from treatment already rendered nor what limitations are still evident for further therapy. The physical therapy 2x/wk x 8wks, right knee is not medically necessary and appropriate.