

Case Number:	CM14-0143914		
Date Assigned:	09/12/2014	Date of Injury:	07/23/2011
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 Post-operative Physical Therapy 2x/week x 6 weeks for 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; and Chondromalacia of patella. Physical therapy report of 4/16/14 noted patient had initial knee injury 10 years ago with reinjury in 2011 with previous left knee medial meniscectomy. Knee range not 0-110 degrees with 3/5 strength from 2 sessions. 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 sessions. Report of 7/31/14 from the provider noted the patient with continued sharp pain with certain movements associated with popping in

left knee post arthroscopically-assisted ACL reconstruction using allograft tissue. The patient continues in PT which does not show improvement. Exam right knee with positive tenderness on medial joint line, patellofemoral joint crepitation pain on range of motion with full extension. The patient was 21 weeks post left knee arthroscopic ACL repair of 3/3/14. Treatment recommendation at that time included surgery for right knee; however, surgery has not been certified. The request(s) for Post-operative Physical Therapy 2x/week x 6 weeks for right knee was non-certified on 8/28/14 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:

Post-operative Physical Therapy 2 x week x 6 weeks: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines recommend Post-surgical treatment for knee surgery with a post-surgical physical medicine treatment period. The patient has completed 24 post-op PT visits for the left knee surgery of March 2014. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria for ongoing chronic symptoms with guidelines recommendation for transition to an independent program. As the right knee surgery has not been deemed medically necessary; thereby, the post-op PT of right knee is not medically necessary and appropriate.