

Case Number:	CM14-0184842		
Date Assigned:	11/12/2014	Date of Injury:	01/03/2013
Decision Date:	12/30/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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:

The patient is a 54-year-old with a reported date of injury of 01/03/2013. The patient has the diagnoses of left knee arthroscopy with partial medial meniscectomy and chondroplasty and left knee arthroscopic ACL reconstruction. Per the most recent progress notes provided for review from the primary treating physician dated 08/25/2014, the patient had complaints of pain in the left knee that is constant and pain in the bottom of the feet. The physical exam noted tenderness to palpation in the left knee with joint effusion and crepitus. Treatment plan recommendations included home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to Left Knee X 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 25.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine after ACL repair states: Sprains and strains of knee and leg; cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Postsurgical treatment: (ACL repair): 24 visits over 16

week's Postsurgical physical medicine treatment period: 6 months. The patient had recently undergone ACL repair. Per the progress notes 07/21/2014, the patient was prescribed 12 post-operative physical therapy sessions. This is within the recommended number of physical therapy sessions for this condition per the California MTUS. Therefore the request is medically necessary.