

Case Number:	CM14-0092427		
Date Assigned:	07/25/2014	Date of Injury:	05/24/2012
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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:

According to the records made available for review, this is a 39-year-old male with a 5/24/12 date of injury, status post anterior cruciate ligament repair and meniscectomy 2/5/13, and status post repeat right anterior cruciate ligament reconstruction 1/31/14. At the time (5/28/14) of the request for authorization for Physical therapy 2x6 right knee, there is documentation of subjective (in physical therapy with improvement and continued right knee pain) and objective (pain on palpation lateral aspect of right knee, knee with some swelling, crepitus on range of motion, flexion to 40 degrees, and no erythema or temperature gradient) findings, current diagnoses (degenerative joint disease knee and knee sprain), and treatment to date (post-operative physical therapy). Medical reports identify at least 22/24 physical therapy sessions completed to date. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of degenerative joint disease knee and knee sprain. In addition, there is documentation of status post repeat right anterior cruciate ligament reconstruction on 1/31/14. Furthermore, there is documentation of 22/24 physical therapy sessions completed to date. However, the requested physical therapy, in addition to the physical therapy provided to date, would exceed guidelines. In addition, despite documentation of improvement with physical therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.