

<b>Case Number:</b>	CM15-0007042		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 38 year old male who sustained a work related injury April 9, 2012. Past history included s/p right knee ACL (cruciate ligament) repair June 8, 2012 with persistent symptoms; s/p right knee revision surgery on April 14, 2014. According to a primary treating physician's report dated December 18, 2014, the injured worker presented for follow-up 5 months, s/p right ACL revision July 16, 2014. He describes continued moderate pain in the knee. He continues to use the Dynasplint. On examination, there is no swelling or effusion of the right knee; the surgical incisions are welled healed but slightly tender; quadricep tone is slightly improved; range of motion is from 5-125 degrees; there is medial joint line and mild lateral tenderness; Lachman is stable. Gait described as a limp with cane. Diagnoses are hypertension and sprain cruciate ligament knee. Treatment plan included physical therapy (2) times a week for (4) weeks. Work status is documented as temporarily totally disabled. According to utilization review dated December 24, 2014, the request for (8) Sessions of Physical Therapy is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy:** 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): 24-25.

**Decision rationale:** The patient was injured on 04/09/12 and presents with right knee pain. The request is for 8 SESSIONS OF PHYSICAL THERAPY. The RFA provided is dated 12/18/14 and he is temporarily totally disabled at this time. On 07/16/14, the patient had a right knee arthroscopy with revision ACL reconstruction. He has had physical therapy from 08/28/14-11/25/14. The 11/25/14 therapy note indicates that the patient has had 24 sessions of therapy to date. MTUS Guidelines page 24-25 regarding post-surgical physical therapy for the knee allows 24 visits over 16 weeks for a cruciate ligament of knee (ACL tear). The post-surgical treatment period is 6 months. In this case, the patient had a right knee arthroscopy with revision ACL reconstruction on 07/16/14. The 12/18/14 report requests for 8 sessions of physical therapy for the patient's continued moderate pain in the knee. He is still considered to be in the post-op time frame. An additional 8 sessions of therapy to the 24 sessions therapy the patient has already had exceeds what is allowed by MTUS guidelines. The requested physical therapy IS NOT medically necessary.