

<b>Case Number:</b>	CM15-0008914		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Hawaii  
 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 29 year old male, who sustained an industrial injury on 4/7/2014. He has reported left knee pain and swelling. The diagnoses have included left anterior cruciate ligament (ACL) tear status post surgical repair 8/7/14. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesics, and adjustable brace. Currently, the IW complains of left knee pain and swelling. Physical examination from 12/5/14 documented left knee 130 degree flexion, zero (0) degree extension. There was mild swelling, mild effusion, tenderness and the injured worker was full weight bearing. Plan of care included continuing physical therapy treatment to focus on pain and inflammatory control, increase flexibility, squat range, and increase walking distances, topical gel, ice pack and medications as ordered. On 12/23/2014 Utilization Review modified certification for physical therapy to three (3) total visits, noting the injured worker was approved for twenty four (24) prior physical therapy sessions subsequent to the ACL reconstruction performed 8/7/14 therefore allowing three (3) additional visits to transition to an independent home exercise program. The ODG Guidelines were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of six (6) physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical Medicine Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with left knee pain and swelling. The current request is for Physical Therapy #6. The treating physician report dated 12/16/14 (20C) states, I have reviewed PT notes and agree with plan treatment. I will request authorization for an additional x6 PT. Focus on pain and inflammatory control; improve pain-free flexibility, quad activation, cheater squats advance to full as tolerated, straight leg lift; elliptical cycle home exercise program. Advance to light jog on treadmill as tolerated. The MTUS Post-Surgical Guidelines are used for this review as the patient is 17 weeks post ACL reconstruction surgery. The guidelines state, 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 weeks. \*Postsurgical physical medicine treatment period: 6 months. In this case, the patient is within the postsurgical treatment period and has completed 24 sessions of PT. There is no documentation of any new injury, new diagnosis and there is no documentation of any exacerbations. There is no documentation indicating why the patient has not transitioned to an independent home exercise program and the MTUS guidelines only recommend a total of 24 PT sessions. The current request is not medically necessary and the recommendation is for denial.