

Case Number:	CM15-0012500		
Date Assigned:	01/30/2015	Date of Injury:	02/27/2008
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 50 old male injured worker suffered an industrial injury on 2/27/2008. The diagnoses were sprain of the cruciate ligament of the knee. The diagnostic studies were magnetic resonance imaging 4/3/2008 1/26/2010, 11/8/2011, bone scan 6/25/2008, computerized tomography on 12/8/2008, electromyography on 5/20/2010. The treatments were left knee arthroscopy 5/13/2009, 8/6/2014, medications, physical therapy immediately after surgery, and brace. The treating provider reported the injured worker stated he was not better since recent surgery. On exam the atrophy persists and improved range of motion. The Utilization Review Determination on 12/18/2014 non-certified physical therapy 3x6 to the left knee, citing MTUS, ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy 3x6 to the left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and physical therapy

Decision rationale: According to the guidelines, physical therapy for up to 24 sessions after ACL surgery is recommended over 16 weeks. In this case, the request is already 16 weeks after surgery. In addition, the prior response to therapy is unknown. The amount of sessions completed is unknown. There is no indication that additional therapy cannot be completed at home. The request for additional 18 sessions of therapy is not medically necessary.