

Case Number:	CM15-0013173		
Date Assigned:	01/30/2015	Date of Injury:	04/17/2014
Decision Date:	03/19/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/22/2015

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: Emergency Medicine

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 34 year old male, who sustained an industrial injury on 04/17/2014. He has reported subsequent left knee pain and was diagnosed with left knee internal derangement with focal partial-thickness insertional tear of the posterolateral band of the anterior cruciate ligament. Treatment to date has included oral pain medication, TENS unit, physical therapy and cortisone injections. Currently the injured worker complains of continued left knee pain that was rated as 7/10. Objective findings were notable to diffuse left knee tenderness, swelling of the left knee, crepitation with range of motion and positive anterior drawer sign. A recent MRI of the left knee demonstrated a partial thickness anterior cruciate ligament tear and that she had failed conservative treatment. The physician noted that the injured worker's MRI findings did not match up with the clinical diagnosis to proceed with surgery and recommended an MR arthrogram. A physician progress note on 12/19/2014 indicated that the injured worker's treatment options were to live with the pain or proceed with left knee arthroscopic evaluation and treatment. A request for 12 sessions of post-operative physical therapy was made. On 01/16/2015, Utilization Review non-certified a request for 12 sessions of post-operative physical therapy for the treatment of the left knee, noting that since the surgical procedure was not medically the postoperative physical therapy visits were not medically necessary. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 postoperative physical therapy sessions for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The requested 12 postoperative physical therapy sessions for the left knee, is not medically necessary. CA MTUS Post-Surgical Guidelines, Knee, Pages 24-25 recommend up to 12 post-op therapy sessions for this condition. The injured worker has left knee pain. The treating physician has documented diffuse left knee tenderness, swelling of the left knee, crepitance with range of motion and positive anterior drawer sign. A recent MRI of the left knee demonstrated a partial thickness anterior cruciate ligament tear and that she had failed conservative treatment. The requested surgery was denied. The treating physician has not documented the medical necessity for surgical treatment or additional physical therapy. The criteria noted above not having been met, 12 postoperative physical therapy sessions for the left knee is not medically necessary.