

Case Number:	CM15-0014726		
Date Assigned:	02/02/2015	Date of Injury:	03/08/2014
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 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 21-year-old female who reported an injury on 03/08/2014. The mechanism of injury was not specifically stated. The current diagnosis is status post ACL repair on 05/08/2014. The injured worker presented on 01/07/2015 with reports of an improvement in symptoms with physical therapy. It was noted that the injured worker was 8 months status post right knee arthroscopy with ACL reconstruction and open medial meniscus repair. The injured worker was also utilizing a knee brace. Upon examination, there was 0 to 125 degree range of motion. Recommendations included additional physical therapy twice per week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 8 weeks Right Knee: Upheld

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

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. According to the documentation provided, the injured worker is 8 months status post right knee surgery. The injured worker has completed a substantial amount of physical therapy. There was no documentation of a significant functional deficit upon examination. The medical necessity for additional skilled physical medicine treatment has not been established in this case. Therefore, the request is not medically appropriate at this time.