

<b>Case Number:</b>	CM15-0121227		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/30/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41 year old female, who sustained an industrial injury on 12/30/14. Initial complaints were not reviewed. The injured worker was diagnosed as having status post right anterior cruciate ligament reconstruction. Treatment to date has included post-operative physical therapy (x48); medications. Currently, the PR-2 notes dated 6/8/15 indicated the injured worker returns on this date for a re-evaluation of her right knee. She is four months status post right anterior cruciate ligament reconstruction and is on no medications presently. She is attending physical therapy and is temporary totally disabled. She states her right knee pain has slightly risen from 1-2/10 and describes it as achy and occasionally with sharp pain. Her strength, stability and range of motion are fair and there is no numbness, tingling or swelling. She reports she has significant weakness and occasional recurrent popping. On physical examination of the right knee, there is no swelling, ecchymosis or effusion. There is 0-140 degrees range of motion without pain. There is positive pes Anserinus tenderness/negative medial or lateral joint line tenderness. There is positive patellar facet tenderness/Fairbank's test. There is significant ongoing VMO atrophy. There is a 2cm of VMO/quadriceps atrophy. She is unable to perform a single-leg squat and upon testing for single-leg stance, some unsteadiness with hip weakness. The provider documents the injured worker has had 48 sessions of post- surgical physical therapy authorized for the right knee but notes she did undergo a complex ACL reconstruction. He details her job duties and describes her excellent improvement following the surgical intervention but has not yet developed the strength to allow her to return to her usual and custom occupation without restrictions. The provider's treatment plan included 12 sessions of physical therapy for the right knee.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve sessions of physical therapy for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 25.

**Decision rationale:** The claimant sustained a work injury in December 2014 and underwent a right knee ACL reconstruction on 01/20/15. She had postoperative physical therapy and case notes reference completion of more than 40 treatments. When seen, in March and May 2015 she was doing well. She was attending physical therapy. She had good range of motion, strength, and stability. When seen, pain was rated at 1-2/10. She was having occasional popping. Physical examination findings included pain free range of motion. There was pes anserine bursa and patellar facet tenderness and VMO muscle atrophy. The claimant felt she had significant weakness. An additional 12 physical therapy treatments were requested. Post surgical treatment after an ACL repair includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative physical therapy well in excess of that recommended following this procedure. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.