

Case Number:	CM15-0126468		
Date Assigned:	07/13/2015	Date of Injury:	09/19/2014
Decision Date:	08/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female, who sustained an industrial injury on September 19, 2014, incurring left knee injuries. She was diagnosed with left internal knee derangement and a right knee strain. Treatment included anti, anti-inflammatory drugs, muscle relaxants, physical therapy, pain medications, knee bracing, cold and hot packs and work restrictions. She underwent surgical anterior cruciate ligament repair. The treatment plan that was requested for authorization included twelve sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy (12 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, Postsurgical Treatment Guidelines.

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, ACL tear, page 25, 24 visits of therapy are recommended after arthroscopy with ACL reconstruction over a 16 week period. In this case 12 are requested and this conforms with guidelines. Based on this, the request is medically necessary.