

<b>Case Number:</b>	CM15-0127802		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 21-year-old male, who sustained an industrial injury on November 26, 2014. He reported twisting his right knee with a popping sensation and immediate swelling. He also developed immediate instability and difficulty with weight bearing on the right knee. The injured worker was diagnosed as having internal derangement of the knee and sprain/strain/tear MCL right. Treatment to date has included surgery, physical therapy, home exercises and medications. On June 5, 2015, the injured worker complained of right knee pain and difficulty bending his right knee. He reported that he is doing better with regard to his right knee. Right knee range of motion was noted to be restricted at 115 degrees flexion. The treatment plan included continuing physical therapy five times a week for four weeks for the right knee and a custom fitted ACL brace. On June 17, 2015, Utilization Review non-certified the request for physical therapy three times a week for four weeks for the right knee, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks, right knee: Upheld**

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

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

Page(s): 25.

**Decision rationale:** The requested Physical therapy 3 times a week for 4 weeks, right knee, is not medically necessary. CA MTUS Post-Surgical Guidelines, Knee, Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): noted: Postsurgical treatment: (ACL repair): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months." The injured worker has right knee pain and difficulty bending his right knee. He reported that he is doing better with regard to his right knee. Right knee range of motion was noted to be restricted at 115 degrees flexion. The treatment plan included continuing physical therapy five times a week for four weeks for the right knee and a custom fitted ACL brace. The injured worker has previously been approved for 30 post-op therapy sessions. The treating physician has not documented the medical necessity for additional post-op physical therapy sessions beyond the guideline recommended 24 maximum therapy sessions. The criteria noted above not having been met, Physical therapy 3 times a week for 4 weeks, right knee is not medically necessary.