

Case Number:	CM15-0177995		
Date Assigned:	09/18/2015	Date of Injury:	04/12/2015
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/10/2015

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 27 year old male, who sustained an industrial injury on April 12, 2015. He reported a pop in his right knee. The injured worker was diagnosed as having internal derangement of the right knee. Treatment to date has included diagnostic studies, surgery and physical therapy. On August 12, 2015, physical therapy notes stated that the injured worker's pain was rated as a 0-2 on a 1-10 pain scale, depending on activities and amount of peripatellar edema. His right knee active range of motion was noted as 0-130 degrees. Lower extremity strength was rated quadriceps 4 out of five, hamstring 4 out of five and vastus medialis oblique three plus out of five. He was noted to be able to walk one mile on level without brace or assistive device. The injured worker was able to go upstairs without a problem and was able to descend stairs reciprocally with mild compensation and use of hand rail. He was reported to be progressing weekly with exercise. On August 13, 2015, notes stated that he was coming along "fairly well" with physical therapy but still had a ways to go. Nurses noted stated that the injured worker completed 15 visits of physical therapy. On August 24, 2015, utilization review modified a request for 18 additional physical therapy visits three times a week for six weeks to 9 additional physical therapy visits three times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 additional physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in April 2015 and underwent and arthroscopic right anterior cruciate ligament repair on 06/24/15. As of 08/04/15, he had completed 11 of 18 planned postoperative physical therapy treatments. When seen, there was decreased knee range of motion with mild medial hamstring tenderness. There was right quadriceps atrophy. Authorization for an additional 18 physical therapy treatments was requested. After the surgery performed, guidelines recommend up to 24 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. His surgery was uncomplicated. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program and does not reflect a fading of skilled treatments. The request is not medically necessary.