

Case Number:	CM15-0022112		
Date Assigned:	02/11/2015	Date of Injury:	08/21/2013
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/05/2015

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: 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 a work related injury on 8/21/13. The diagnoses have included internal derangement of left knee and left ACL tear reconstruction. Treatments to date have included 34 physical therapy sessions, home exercise program, MRI left knee, left knee surgery, oral medications, modified work duty, and ice. In the PR-2 dated 1/16/15, the injured worker complains of residual pain in left knee. He states he is doing better. Muscle tone in left leg improving. The progress report identifies tenderness with deep palpation around the knee with normal range of motion and negative orthopedic tests. Quadricep muscle strength is now improving approximately 50% of the opposite leg. On 1/19/15, Utilization Review non-certified a request for post-op physical therapy for left knee 2x/week x 2 weeks. The California MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy for the left knee, 2 times a week for 2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24-25.

Decision rationale: Regarding the request for additional physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 24 total PT sessions after Cruciate Ligament repair, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of 34 prior PT sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Remaining strength deficits would be expected to improve gradually over time through a resistance based home exercise program. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.