

Case Number:	CM15-0063415		
Date Assigned:	04/09/2015	Date of Injury:	02/27/2008
Decision Date:	05/15/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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: Internal 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 50 year old male who sustained an industrial injury on 2/27/08. The injured worker reported symptoms in the left knee. The injured worker was diagnosed as having sprain of cruciate ligament of knee. Treatments to date have included physical therapy, status post arthroscopic surgery (5/13/09), status post left anterior cruciate ligament reconstruction (8/6/14), bracing, injections, anti-inflammatory medication, ice, oral pain medication, and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of left knee pain. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3x4 to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for ACL tear, 24 visits of postsurgical physical therapy over 16 weeks are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The utilization review letter dated 3/5/15 documented that 27 visits of post-operative PT physical therapy had been authorized. According to the 8/6/14 operative report, the patient underwent left knee anterior cruciate ligament reconstruction. The PT physical therapy progress report dated 11/26/14 documented that the patient had left knee following left ACL anterior cruciate ligament reconstruction surgery. The patient has been showing excellent improvement. The patient stated that he was 90 percent improved. Left knee range of motion demonstrated extension 0 degrees extension and flexion 134 degrees. Motor strength was 5/5 with flexion and extension. Balance is doing very well. He is steady on his left lower extremity. The physical therapist stated that all indications are showing a nice result following surgical intervention. The orthopedic progress report dated 2/24/15 documented a left knee examination. Neurovascular was intact. Firm endpoint on Lachman testing was noted. Negative anterior drawer was noted. No varus or valgus laxity was noted. Range of motion was 0 - 140 degrees of flexion. Thigh circumference on the left was 15 3/4 inches and on the right 16 1/2 inches. The 2/24/15 progress report documented that the knee instability was finally been corrected. MTUS Postsurgical Treatment Guidelines indicate that for ACL tear, 24 visits of postsurgical physical therapy over 16 weeks are recommended. The medical records indicate that the patient was authorized for 27 postoperative PT physical therapy visits. The PT physical therapy progress report dated 11/26/14 indicated that the patient had completed the postoperative rehabilitation, and that the left knee demonstrated normal motor strength, balance, stability, and full range motion. The orthopedic progress report dated 2/24/15 documented left knee stability. Neurovascular was intact. Range of motion was 0 - 140 degrees of flexion. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for additional physical therapy three times a week for four weeks (12) would exceed MTUS Postsurgical Treatment Guidelines, and is not supported. Therefore, the request for 12 additional physical therapy visits not medically necessary.