

Case Number:	CM15-0069163		
Date Assigned:	04/16/2015	Date of Injury:	06/15/2014
Decision Date:	05/27/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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 claimant is a 43 year old male with an injury date of 06/15/2014. The injured worker previously received the following treatments arthroscopic left knee surgery. The injured worker was diagnosed with left knee ACL tear and status post left knee meniscus tear status post - surgery. According to progress note of March 18, 2015, the injured workers chief complaint was left knee pain, status post left knee surgery. The [physical exam noted the injured worker walked with an antalgic gait. The injured worker needed postoperative physical therapy. The follow-up visit noted well healed surgical scars. There was mild restriction with range of motion; extension was 80% of normal. The treatment plan included postoperative physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy; additional twelve (12) sessions (2x6), left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, physical therapy.

Decision rationale: The claimant is nearly one year status post work-related injury and underwent an arthroscopic meniscectomy with ACL repair on 12/01/14. He began therapy in January 2015 and as of 03/18/15 had completed 18 treatment sessions. He had decreased pain with improved strength, and mobility and had progressed to being able to ambulate without crutches. In terms of physical therapy, guidelines recommend up to 24 treatments over a 16 week period of time after an ACL repair and up to 12 treatment sessions over 12 weeks following a meniscectomy. Concurrent treatments would be expected. In this case, the number of additional visits being requested is in excess of the guidelines recommendation and the claimant has already had physical therapy. His surgery and post-operative rehabilitation appears uncomplicated. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore the requested therapy was not medically necessary.