

Case Number:	CM15-0076177		
Date Assigned:	04/27/2015	Date of Injury:	12/15/2013
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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 31 year old female who sustained an industrial injury on 12/15/13. Initial complaints and diagnoses are not available. Treatments to date include left knee surgery and physical therapy, as well as a home exercise program and medications. Diagnostic studies are not addressed. Current complaints include left knee pain. Current diagnoses include degenerative joint disease/knee/tibia/patella, effusion of joint lower leg, tear of medial and lateral cartilage/meniscus knee, and sprain of cruciate ligament. In a progress note dated 03/24/15 the treating provider reports the plan of care as additional physical postoperative physical therapy, a SynviscOne injection, home exercise program and a left knee hinge brace. The requested treatment is physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

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 Anterior 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 28 prior PT sessions, but there is no documentation of specific objective functional improvement with the most recent previous sessions, remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy, and a rationale for treatment well in excess of the recommendations of the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.