

Case Number:	CM15-0077121		
Date Assigned:	04/28/2015	Date of Injury:	02/26/2013
Decision Date:	05/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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:

This 46-year-old male sustained an industrial injury to the knee on 2/26/13. Previous treatment included magnetic resonance imaging, right knee arthroscopy with anterior cruciate ligament reconstruction (7/26/13), physical therapy, anterior cruciate ligament functional brace, home exercise and medications. In a progress report dated 4/6/15, the physician noted that the injured worker was making steady postoperative progress. The injured worker complained of stiffness, achiness and pain in the knee with some feelings of instability. Physical exam was remarkable for well-healed arthroscopic incisions, positive crepitus, grind and tenderness to palpation along the medial joint line with 4/5 strength. Current diagnoses included status post right knee anterior cruciate ligament repair, medial compartment osteoarthritis and patellofemoral osteoarthritis. The treatment plan included 12 sessions of physical therapy for continued knee rehabilitation and continuing rest, ice, anti-inflammatories and analgesics. The physician also recommended a Synvisc injection that had previously been approved but the injured worker was apprehensive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-sessions, 2 times a week for 6 weeks to the right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in February 2013 and continues to be treated for right knee pain. He underwent arthroscopic surgery with ACL reconstruction in July 2013. When seen, there was decreased strength with joint line tenderness, crepitus, and positive patella grin test. The claimant has recently had physical therapy. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.