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| Case Number: | CM14-0140901 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 04/08/2013 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Tennessee, California, and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 36 year old female whose date of injury is 04/08/13. On this date she was stepping down from a bench in the locker room and twisted her knee. The injured worker underwent right knee arthroscopy with endoscopic ACL reconstruction on 01/17/14 and has completed at least 36 physical therapy visits as of 07/28/14. Note dated 06/24/14 indicates that the injured worker is working full time. Diagnoses are old disruption of anterior cruciate ligament, and derangement of lateral meniscus, unspecified. MR arthrogram of the right knee dated 07/23/14 revealed no evidence of meniscal tear or focal marrow edema. Physical examination on 07/28/14 notes full flexion and full extension. Strength is 3/5. There is stable Lachman and anterior drawer testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post Operative Physical Therapy (PT) Sessions for the Right Knee: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for 12 postoperative physical therapy sessions for the right knee is not recommended as medically necessary. The injured worker underwent right knee arthroscopy with endoscopic ACL reconstruction on 01/17/14 and has completed at least 36 physical therapy visits as of 07/28/14. CA MTUS guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.