MAXIMUS Federal Services

Case Number:	CM13-0004563		
Date Assigned:	12/11/2013	Date of Injury:	10/17/2011
Decision Date:	02/11/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California and Mississippi. 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 physician 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:

Claimant is a 32 year old female with date of injury 10/17/2011. Per orthopedic report dated 11/5/2013 the claimant's injury resulted in a left patella dislocation which was initially treated conservatively. Three months later she had a repeat subluxation. She subsequently had left knee arthroscopy with chondroplasty of the patella and medial patellofemoral ligament repair. The claimant had a prolonged recovery due to quadriceps atrophy. She continues to have pain, catching and swelling in the anterior aspect of her left knee, every time she extends her knee from 20 degrees to full extension whether seated or standing. On exam she has a positive lateral patellar apprehension sign without a palpable MPFL, positive patellofemoral crepitus and catches that recreates her symptoms between 20 degrees to full extension, especially with resisted straight leg extension. Additional imaging is planned with the anticipation of additional surgery, such as a resurfacing procedure with or without a tibial tubercle osteotomy depending on the measurement of the tibial tubercle trochlear groove distance.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 8 visits for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99,Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99,Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Following review of the medical documentation provided for review, the claimant's injury is atypical and was complicated by having a missed diagnosis requiring surgical repair. The claimant had surgery in 11/2012 and she has completed 19 sessions of physical therapy. She is beyond the post surgical period and still has significant pain. She is reportedly diligent about her physical therapy, and is likely prepared to do much of her therapy at home. Her provider feels she still needs assistance from continued physical therapy, and by the reports of still having significant disability, beyond the post surgical period, the request for 8 sessions of physical therapy is reasonable. CA MTUS does allow for the use of the Chronic Pain Medical Treatment Guidelines if there is a lack of recovery following the Post Surgical period. The request for 8 sessions of physical therapy is determined to be medically necessary and supported by the CA MTUS.