

Case Number:	CM13-0012109		
Date Assigned:	11/01/2013	Date of Injury:	02/08/2013
Decision Date:	01/24/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

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 Family Practice and is licensed to practice in California. 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.

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 patient is a 41-year-old female who reported an injury on 02/08/2013. The mechanism of injury was noted as a slip and fall, twisting her knee. She was noted to have surgery on 02/10/2013 for an open reduction and internal fixation of the left patella. The patient's diagnosis is noted as status post patella fracture. Objective findings include flexion of the left knee to about 105 degrees. It was noted that she was improving with physical therapy and that the H-Wave machine helps quite a bit along with a Dynasplint and an exercise bike. A physical therapy note dated 07/08/2013 stated that the patient had been seen for a total of 35 treatments since her initial evaluation on 04/03/2013. An additional 7 physical therapy notes were included following that 07/08/2013 note. Therefore, the patient has had at least 42 visits of physical therapy. Additionally, case notes indicate that the patient has previously been approved for 54 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy sessions 3 times a week for four weeks to the left knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
24.

Decision rationale: According to California MTUS Guidelines, the postsurgical physical medicine treatment period following surgery for a fracture of the patella is 4 months, and treatment is recommended as 10 visits over 8 weeks. The patient's surgery was noted to be done on 02/10/2013. Therefore, the patient is outside of the postsurgical physical medicine treatment period. The California MTUS Postsurgical Guidelines state that at the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24-visit limitation for chiropractic, occupational, and physical therapy. It was noted that the patient has previously participated in at least 42 visits of physical therapy. Therefore, she has exceeded the general 24-visit limitation for therapy. The documentation submitted for review did not give exceptional factors to warrant physical therapy beyond her already approved 54 visits. Therefore, the request for physical therapy sessions 3 times a week for four weeks to the left knee is non-certified.

H-wave machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation Page(s): 117-118.

Decision rationale: California MTUS Guidelines state that H-Wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial of H Wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS unit). The patient has been noted to have been participating in physical therapy since her surgery in 02/2013, and it was noted that she had shown benefit from a previous trial of an H-Wave stimulation unit. However, the documentation submitted for review fails to indicate whether the patient had a trial with a TENS unit. With the absence of this documentation, the request is not supported. Therefore, the request for H-wave machine is non-certified.