

Case Number:	CM13-0016019		
Date Assigned:	01/03/2014	Date of Injury:	12/02/2012
Decision Date:	04/21/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 claimant is a 37-year-old male with a reported work-related injury 12/02/2012, and the mechanism of injury was that the patient stepped into a ditch, injuring right knee. Diagnoses include right knee osteoarthritis, right patella dislocation and status post tibial tubercle osteotomy. The patient underwent right knee arthroscopic osteotomy and lateral release on 05/01/2013. Other conservative treatments included post-op physical therapy x16 sessions, cold packs, knee brace, medications, and diagnostics.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY, 2 TIMES A WEEK FOR 8 WEEKS, FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and

can alleviate discomfort. A home exercise program is recommended. The patient has completed 16 post-operative therapy sessions to date, and the California MTUS Guidelines do recommend therapy, but recommend 24 post-operative therapy sessions for treatment of osteoarthritis. The documentation submitted for review did not suggest any functional deficits as evidenced by decreased range of motion and decreased strength. Furthermore, the request would exceed the total number of post-operative visits per guidelines. The request for physical therapy twice a week for eight weeks is not medically necessary and appropriate.