

Case Number:	CM13-0021438		
Date Assigned:	11/08/2013	Date of Injury:	05/28/2013
Decision Date:	01/27/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

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 Orthopedic Surgery 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. 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 44-year-old gentleman who was injured in a work related accident May 28, 2013. Records available for review include an August 6, 2013 assessment with [REDACTED] indicating the claimant was in for follow-up of his right knee. A prior operative report indicates the claimant underwent a removal of an imbedded nail and an arthroscopic incision and drainage on May 28, 2013 after which he had undergone a significant course of physical therapy and muscular rehabilitation. On August 16, 2013, he objectively had 0 to 130 degrees range of motion with full extension, no warmth, erythema or effusion with no patellar apprehension. His impression was status post nail gun injury with the above-mentioned surgery and request was to continue with physical therapy for an additional twelve sessions of physical therapy for the knee. A postoperative MRI for review dated September 3, 2013 demonstrated osteochondral defect of the medial trochlear groove with deep fissuring of the lateral facet of the patella and no evidence of effusion, indwelling foreign body or other finding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for physical therapy sessions 3x4 weeks: Upheld

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

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

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve additional sessions of physical therapy in this case would not be indicated. The claimant has undergone a May 2013 arthroscopy with irrigation and debridement for foreign body removal. He has already noted to have undergone a significant course of physical therapy in the postoperative setting. At recent assessment, he was noted to be with full range of motion and function to the knee. At this stage in the postsurgical course of care, it would be unclear as to why transition to an aggressive form of home exercises for self-based strengthening and reconditioning would not be indicated.