

Case Number:	CM13-0027881		
Date Assigned:	12/18/2013	Date of Injury:	01/12/2007
Decision Date:	02/05/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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 patient is 54-year-old male with a work-related injury to the right knee on 1/12/07. The patient has been treated with therapy, meds, injections and multiple surgeries. He is status post right knee chondroplasty and partial medial meniscectomy on 6/22/07, status post right knee debridement, chondroplasty and synvectomy ion 11/9/11 and status post right knee TTO(Tibial Tubercle Osteotomy) and ACI procedure in 5/13. PTP PR2 on 7/17/13 reveals patient is 2 months status post right knee surgery, he has bilateral sided knee pain, using KneeHab(Quad stimulator) and going to therapy. Exam reveals knee flexion to 115/extension 0 degrees, quad atrophy noted with strength at 4+/5 and positive swelling. Patient has been in postop PT until early August 2013 and using the Quad KneeHab home unit. His current meds consist of IBP and Celebrex. PTP progress report (PR2) on 8/20/13 reveals patient is clinically doing okay and continues to have difficulty with activities of daily living (ADL's). Exam reveals passively bend knee to 120 degrees with considerable quadriceps atrophy and dysfunction, nontender at distal tibial tuberosity, okay mobility at the patellofemoral joint and fat pads with weakness in quadriceps. Requesting PT 2x6. PTP PR2 on 9/11/13 findings of right knee flexion to 110, extension 0 degrees, (+) effusion, motor strength 4+ in quadriceps/hamstrings with quad atrophy noted. Continue to recommend PT 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks for the right knee: Upheld

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

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

Decision rationale: There is no record of the number of PT visits the patient has had. There is no clear indication that the PT has helped the patient other than the reported decline in the patient after PT was finished. He is doing HEP and doing a quad rehab at home. The postsurgical PT for this procedure would be 12 visits over 3 weeks. Additional PT would need to be justified by specific functional increases or reduction in pain. There is no documentation with this justification to allow for 12 additional sessions of physical therapy.