

Case Number:	CM13-0045294		
Date Assigned:	12/27/2013	Date of Injury:	01/12/2011
Decision Date:	05/19/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

This is a 53-year-old gentleman who sustained a fracture to his left tibia and fibula in a work-related accident that occurred on 1/12/11; he required treatment for the injury in the form of an open reduction with internal fixation on 1/14/11. Following this, he was treated with physical therapy and rehabilitative processes. He recently underwent a left knee arthroscopy for partial meniscectomy in May 2013. Current clinical findings of 8/14/13 showed the claimant to be with continued postoperative knee complaints for which an intra-articular injection of steroid took place. He was with complaints of pain to the ankle as well. Physical examination findings showed use of a cane and a knee brace with no documented ankle findings noted. Given the claimant's ongoing complaints twelve sessions of left leg and ankle physical therapy were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES 4, FOR THE LEFT LEG AND ANKLE: Upheld

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

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

Decision rationale: Based on the MTUS guidelines, physical therapy in the chronic setting in this case would not be supported as medically necessary. Guideline criteria would recommend 9-10 sessions for the diagnosis of mild knee myositis in the chronic setting or acute symptomatic flare. This current request for twelve sessions of therapy at this chronic stage absent any clear indication of a change in condition or acute exacerbation would not be supported. The number of therapy sessions also would exceed guideline criteria. As such, the request is not medically necessary.