

Case Number:	CM13-0051352		
Date Assigned:	12/27/2013	Date of Injury:	05/18/2012
Decision Date:	03/26/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 61-year-old male with date of injury on 05/18/2012. The progress report dated 11/26/2013 indicates that the patient's diagnosis includes patellar tendinitis. Patient underwent partial left patellofemoral replacement surgery on 10/15/2012. The utilization review letter dated 11/12/2013 indicates that the patient underwent 20 sessions of postoperative physical therapy for the left knee. The patient is presenting with severe left knee pain. Examination findings include severe tenderness along the infrapatellar tendon, restricted range of motion in the left knee between 20 and 120 degrees. The request was made for additional 8 sessions of physical therapy to the left knee. Utilization review letter dated 11/12/2013 issued non-certification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; (2) times a week for (4) weeks to the left knee QTY: 8.00: Upheld

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

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

Decision rationale: The patient continues with significant pain in the left knee. At the time of the request, the patient was nearly 1½ years post-surgery of the left knee. Utilization review letter dated 11/12/2013 indicates that the patient had undergone 20 sessions of postoperative physical therapy. It is unclear when the last session of physical therapy was performed. There are no physical therapy reports available for review. The treating physician does not describe functional benefit the patient has received from physical therapy in the past. MTUS Guidelines page 98, 99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. The treating physician does not provide therapy history, and why a formalized therapy is needed at this point other than for pain. This patient appears to have had adequate therapy in the past and should be able to perform home exercises to manage pain. Recommendation is for denial.