

Case Number:	CM13-0055586		
Date Assigned:	12/30/2013	Date of Injury:	06/18/2013
Decision Date:	06/05/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation has a subspecialty in Sports 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 injured worker reported an injury on 06/18/2013. The mechanism of the injury was a fall at work. The injured worker underwent ORIF surgery to repair a right patella fracture on 06/28/2013. Per the clinical note dated 11/13/2013 the injured worker had not regained full range of motion to the right knee, flexion was noted to be 70 degrees and strength was 5/5. The injured worker received 6 sessions of physical therapy, beginning on 09/11/2013, following the surgical repair of the right patella fracture. The request for authorization for medical treatment was dated 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,11-24.

Decision rationale: Per the CA MTUS Guidelines, if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined

that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. For postsurgical treatment for a patella fracture, 10 visits over 8 weeks are recommended. There was a lack of documentation regarding physical or functional improvement with the original 6 sessions. In addition, as the injured worker has completed 6 sessions and the guidelines clearly state a total of 10 sessions the request for 3 sessions a week for 6 weeks is in excess of the guidelines. Therefore, the requested 18 sessions of physical therapy is not medically necessary or appropriate.