

Case Number:	CM13-0061279		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2012
Decision Date:	05/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 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 patient is a 60 year old male with date of injury 12/2/12. The treating physician report dated 10/10/13 indicates that the patient presents with pain affecting the right knee that is rated a 7/10. The current diagnoses are: 1. Right knee patellar tendon rupture and medical meniscal tear, per MRI 12/8/11 2. Right knee chondromalacia patella 3. Right knee status post arthroscopic partial medial meniscectomy plus chondroplasty of the patella and open repair of the patellar tendon tear on 1/8/13. The utilization review report dated 11/4/13 denied the request for 8 additional physical therapy sessions of the right knee. The rationale for the denial stated that the patient had completed 39 sessions of physical therapy and that the post-surgical guidelines state 24-30 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS: Upheld

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

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

Decision rationale: The patient presents nine months post arthroscopic partial medial meniscectomy plus chondroplasty of the patella and open repair of the patellar tendon tear on 1/8/13. The current request is for eight physical therapy sessions. The treating physician states that the patient continues with pain rated a 7/10 and that his physical therapy was of great benefit with decrease in right knee pain and improvement of right knee range of motion. Examination findings include, "Tenderness over the medial joint line about his right knee, flexion 100 degrees, extension 0 degrees, and antalgic gait favoring his right lower extremity." The California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines following meniscectomy and chondroplasty recommend a maximum of 24 visits over a four month time period. Review of the treating physician reports from 2/28/13 through 10/10/13 reveal that the patient has been prescribed ongoing physical therapy on a monthly basis. There is no way to tell from these reports exactly how many physical therapy sessions have been completed post surgically. Based on available information, however, the patient appears to have had more than 24 post-operative therapy sessions and is clearly beyond the recommended 4 month time frame for completion of the post-surgical physical therapy. The California Medical Treatment Utilization Schedule (MTUS) page 8 requires that the physician provide monitoring to keep track of the patient's progress and in this case, the treating physician does not discuss how much therapy this patient has had before requesting for more. Recommendation is for denial.