

Case Number:	CM13-0066556		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2012
Decision Date:	03/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 55-year-old male is status post right tibia open reduction and internal fixation on 8/10/12, and subsequent hardware removal on 2/5/13. Records document that 36 post-operative physical therapy visits were provided from 3/28/13 to 9/20/13. The 10/25/13 treating physician report cited grade 6/10 right leg pain and stiffness, grade 5/10 right knee pain (worse at night), moderate ankle pain, and occasional numbness and soreness. Walking up and down stairs was painful. Right knee exam findings documented knee range of motion 90% of normal, no tenderness to palpation, 5/5 flexion/extension strength, and stable provocative testing. The treatment plan included activity/work modification, self-directed range of motion and stretching exercise, hinged right knee brace, Vicodin for pain, and physical therapy 2x6 for the right knee and ankle. This request for 12 additional physical therapy visits was modified and certified for 6 additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Sessions 2 times per week for 6 weeks for a total of 12 sessions for the right knee and right lower leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

Decision rationale: The request under consideration is for physical therapy 2 times per week for 6 weeks for the right knee and right lower leg. California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Exam findings on 10/25/13 documented moderate right lower extremity pain, painful stair gait, functional range of motion, normal lower extremity strength, no tenderness to palpation, and stable provocative testing. The patient had received 36 visits of post-operative physical therapy including home exercise instruction. There were no apparent functional treatment goals for the requested physical therapy. The lack of applicability to a prescribed and self-administered therapy protocol has not been documented. Given the failure to meet guideline criteria, this request for physical therapy two times per week for 6 weeks, total 12 sessions, for the right knee and right lower leg is not medically necessary.