

Case Number:	CM13-0068634		
Date Assigned:	01/03/2014	Date of Injury:	05/23/2013
Decision Date:	04/07/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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, 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 is a patient with a date of injury of 5/23/13. A utilization review determination dated 12/13/13 recommends non-certification of additional PT 2 x 6 for the right knee. The report notes that 12 PT sessions were authorized and recommended completing the 8 remaining sessions of that authorization before additional PT is sought. 12/9/13 progress report identifies that the patient underwent right knee arthroscopic medial patellofemoral ligament reconstruction using hamstring allograft on 11/1/13 to stabilize her chronically subluxating and dislocating patella. She started PT and has received 4 sessions. On exam, right knee ROM is 0-85 degrees. She ambulates with crutches. Treatment plan is to finish PT and finish off her sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Regarding the request for additional physical therapy 2x6 for the right knee, California MTUS supports up to 12 postoperative PT sessions with half that amount recommended initially. Within the documentation available for review, there is documentation that 12 postoperative PT sessions were authorized and 4 sessions were completed at the time of

the most recent medical report. While completion of those previously authorized sessions would be appropriate, there is no indication for additional physical therapy beyond those sessions at this point given that there is no documentation of functional improvement from the initial 12 sessions and a rationale for continued PT rather than progression to an independent home exercise program to address any deficits that may remain. In light of the above issues, the currently requested additional physical therapy 2x6 for the right knee is not medically necessary.