

Case Number:	CM14-0102770		
Date Assigned:	07/30/2014	Date of Injury:	09/12/2013
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 underlying date of injury in this case is September 27, 2013. The patient is status post a left tibial eminence fracture. Subsequently the claimant completed at least 32 physical therapy sessions. On May 23, 2014, the patient was seen in orthopedic followup status post open reduction and internal fixation of his tibial eminence fracture. The patient was noted to have returned to full weight bearing activities and was no longer using a brace. He was attending physical therapy and had one session remaining and felt that his quadriceps strength was improved. The patient wished to continue treatment. On exam the claimant had range of motion of the left knee of 0-140 degrees, and the patient was neurovascularly intact. Physical therapy was recommended for continued strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines, recommend 30 visits over 12 weeks after postsurgical treatment for fracture of tibia or fibula. The California

MTUS Chronic Pain Medical Treatment Guidelines, recommend to allow for fading of treatment frequency plus active self-directed home physical medicine. The records do not provide a rationale at this time with regard to specific functional goals or specific reasoning as to why this patient would require additional supervised therapy rather than independent home rehabilitation. The stated goal of therapy to continuing strengthening would be an appropriate goal for a home rehabilitation program. Overall this request is not consistent with the treatment guidelines. This request is not medically necessary.