

Case Number:	CM14-0012628		
Date Assigned:	02/21/2014	Date of Injury:	09/27/1997
Decision Date:	06/26/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	01/31/2014

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 patient is a 65 year old female with an injury date of 09/27/97. Based on the 12/03/13 progress report by [REDACTED], the patient's diagnoses include a right Patella fracture, right quad dysfunction, and lumbar strain. Per the 10/07/13 peer review report provided by [REDACTED], the patient had a right knee patellectomy, debridement, and quadriceptoplasty reconstruction with Achilles allograft on 10/22/12. The 01/29/14 report by [REDACTED] states that the patient had 46 physical therapy sessions since October 2012 (post-op). [REDACTED] is requesting for physical therapy twice a week for four weeks. The utilization review determination being challenged is dated 01/31/14. The rationale is that the patient has already had 46 post op PT sessions, which exceeds the 24 PT sessions that are allowed. There was also no documentation as to why the claimant is not able to continue with rehabilitation on a home exercise program basis. [REDACTED] is the requesting provider, and he provided handwritten treatment reports from 07/18/13- 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: None of the progress reports provided for review indicate how many sessions of physical therapy the patient has already had and the two physical therapy notes provided are not recent. A 01/29/14 report indicates that the patient had 46 physical therapy sessions since October 2012 (post-op). MTUS Postsurgical Guidelines recommend 24 physical therapy visits over ten weeks for arthroplasty, and 10 sessions for patellar fracture. This patient has had 46 sessions and the treater is requesting an additional 8 sessions. There is no discussion regarding the patient's functional status and progress. This patient already had excessive amount of post-op therapy and should be able to transition into home exercise program. Therefore, the request is not medically necessary and appropriate.