

Case Number:	CM14-0016620		
Date Assigned:	06/11/2014	Date of Injury:	09/02/2013
Decision Date:	07/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 injured worker is a 59 year old female who reported an injury on 09/02/2013 from a fall. The injured worker had a history of pain to the thigh and quadriceps region with a surgical diagnosis of status post open reduction internal fixation of the right patella performed on 09/03/2013. The physical examination revealed a well healed midline incision to the right knee, neurovascular intact, full range of motion, gait stable with no assistive devices, and no complaints of pain or discomfort at the incision site. The injured worker had eight sessions of post op physical therapy with good results. The injured worker would like to return to work when her season starts. The injured worker had no pain medications listed. The treatment plan included physical therapy three sessions per week for ten weeks to the right knee. The authorization form dated 01/31/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE SESSIONS PER WEEK FOR TEN WEEKS TO THE RIGHT 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.

Decision rationale: The request for physical therapy sessions per week for ten weeks to the right knee is not medically necessary. The California MTUS Guidelines recommends active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The documentation indicated that he injured worker had full range of motion to the right knee without pain or discomfort which would not support the necessity of additional therapy. Also, the requested number of sessions exceeds guideline recommendations. As such the request for physical therapy three sessions per week for ten weeks to the right knee is not medically necessary.