

Case Number:	CM14-0133944		
Date Assigned:	08/25/2014	Date of Injury:	12/17/2012
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family Medicine 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 injured worker is a 43 year old male parole officer whose date of injury 12/17/12 when he fell and sustained a right tibial plateau fracture. The injured worker underwent open reduction internal fixator of right tibial plateau fracture on 12/21/12. The injured worker was seen on 12/12/13 and had been recommended to undergo physical therapy to the right knee as well as the right shoulder. Agreed Medical Exam (AME) report was noted to indicate that the injured worker should undergo further physical therapy. The injured worker began additional physical therapy on 01/10/14. The injured worker underwent injection of the right knee on 03/06/14. The injured worker was seen for orthopedic evaluation on 03/24/14 for possible hardware removal. X-rays on this date were noted to show no evidence of hardware failure, but the proximal screw appeared to be slightly prominent in the medial cortex. It was noted that the injured worker still wants to continue physical therapy, which was thought to be reasonable. The injured worker was seen for orthopedic re-evaluation on 04/17/14. Physical examination of the right knee showed the injured worker has negative 3 degrees of extension to 115 degrees of flexion. The injured worker continues to have joint line tenderness medially and laterally. The injured worker has well healed surgical incisions. The injured worker was recommended to continue with physical therapy twice a week for six weeks focusing on strength. Progress report dated 07/17/14 noted that the injured worker recently underwent an AME evaluation, but no AME report was provided for review. Physical examination on this date showed that the injured worker has well healed incision. His range of motion is 0 to 115 degrees. Trace effusion is noted. the injured worker is tender to articulation with the patellofemoral crepitation and positive patellofemoral grind. The injured worker is tender to the medial compartment. Continuation of physical therapy was recommended, and the injured worker also was recommended to continue with icing, anti-inflammatories, self-directed stretching and strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right knee; two times per week for six weeks (2X6); determination date 7/29/14.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: The guidelines recommend that treatment allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home exercise. It appears that the injured worker has had sufficient formal supervised physical therapy. He has been instructed in a home exercise program. There is no documentation of significant functional deficits that cannot be addressed with a home exercise program. Based on the clinical information provided, the request for Physical Therapy for the right knee; two times per week for six weeks (2X6) is not recommended as medically necessary.