

Case Number:	CM14-0169354		
Date Assigned:	10/17/2014	Date of Injury:	11/15/2012
Decision Date:	11/19/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/14/2014

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:

This injured worker's date of injury is 11/15/2012. This patient receives treatment for chronic right knee pain. The original injury was the result of a fall and resulted in a right knee patellar fracture. The patient had an ORIF on 12/08/2012 and this was followed by removal of hardware under fluoroscopy in April 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times weekly, right knee (quantity 12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg (updated 08/25/14)

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

Decision rationale: The patient is treated for a patellar fracture that was surgically repaired in 2012. The treatment guidelines call for a fading of physical therapy and then a continuation of active therapy at home. The patient had physical therapy previously, but the documentation is missing regarding this treatment. The documentation does not make clear why more therapy is requested now. The request for physical therapy for the knee is not medically indicated.

