

Case Number:	CM14-0020300		
Date Assigned:	05/02/2014	Date of Injury:	08/12/2013
Decision Date:	08/06/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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 is a 54-year-old female with a 8/12/13 date of injury, when she slipped and fell injuring her left knee. The patient was seen on 03/12/14 with complaints of sharp, throbbing left knee pain of a mild severity when climbing stairs, extreme squatting and getting up from a seated position. The patient denies pain in rest and has no buckling or locking up of the knee. Exam findings of the left knee revealed full range of motion, flexion on the right and left was 150 degrees respectively and extension was 0 degrees on the right and left respectively. There was some tenderness to palpation over the patellar tendon. Anterior and posterior drawer tests were negative. Motor strength was 5/5 in the lower extremities and deep tendon reflexes were 2 +. The patient indicated, that she improved slowly over a period of time, however she does not indicate any improvements over last month and she feels like she reached a plateau with regards to the left anterior knee discomfort. The patient returned to work full duty and is no longer doing physical therapy, but is doing an aggressive home exercise program, designed to increase her flexion range of motion in her left knee. The diagnosis is closed left patellar fracture. Treatment to date has included an immobilizer, crutches, 14 physical therapy sessions, home exercise program, medication and work restrictions. The UR decision on 1/31/14 was modified from 8 physical therapy sessions to 2 sessions given the patient still has deficits with regard to the knee yet was noted to be working modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR 4 WEEKS FOR LEFT KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Fracture of patella.

Decision rationale: MTUS Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. In addition, the ODG guidelines support 10 visits over 8 weeks after patellar fracture. The patient had closed patellar fracture on 8/12/13 and had 14 physical therapy sessions. The patient is noted to be independent in a home exercise program. As of 03/12/14 the patient is noted to be working full duty. The UR decision modified the request from 8 sessions to 2 sessions given the patient still has some deficits regarding flexion of the knee. Therefore, the request for 8 sessions of physical therapy is not medically necessary.