

Case Number:	CM14-0034301		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2013
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation 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 patient is a 27 year old male who was injured at work when he hyperextended his left knee on 8/9/2013, while playing basketball. On 10/01/2013, he underwent repair of infrapatellar rupture and synovectomy of the left knee. A prior UR determination was performed 2/20/2014, wherein the requested 24 sessions of therapy for the left knee was denied. The patient was 4 months post-surgery and it was unclear how many post-op PT sessions the patient had completed to date. In addition, the requested number of sessions grossly exceeded the guidelines of the recommended number of PT sessions for the patient's type of surgery. The 3/24/2014 progress report documents the patient presents for follow-up, he is 5 1/2 months post repair of left knee infrapatellar tendon rupture and synovectomy. He reports he is doing well, but has weakness. He has some feelings of instability. Indicates he has not had any physical therapy yet. On physical examination, the wounds are healing well. He has full extension and 90 flexion. Plan for treatment is physical therapy 3 times a week for 8 weeks (24). He is off work. The 5/5/2014 progress documents the patient presents for follow-up, he is 7 months post left knee in infrapatellar tendon rupture and synovectomy. He reports doing well, but as weakness. He has some feelings of instability. Indicates he is not had any physical therapy yet. The patient reports that he has fallen due to weakness in his left knee, waiting on PT authorization. On physical examination, the wounds are healing well. He has extension of -5 and 110 of flexion passively, actively he is still very weak in the left leg Quadriceps. Plan for treatment is physical therapy 3 times a week for 8 weeks (24). He is off-work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 3x8 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. According to the medical records, the patient is several months status post left knee repair of infrapatellar rupture and synovectomy, apparently, the patient has not yet attended any postoperative physical therapy for this condition. He presents with some residual quadriceps weakness, has some feelings of instability, and limitations in left knee flexion. It would be appropriate that the patient undergo postoperative therapy. However, the requested 24 physical therapy sessions is excessive and not supported by the evidence-based guidelines. In accordance with the postsurgical guidelines, 10 PT sessions are recommended for this case. An initial course of one half of the recommended number, therefore, 5 PT sessions would be appropriate. Additional PT would be dependent on documentation of the patient's response to the initial 5 visits.