

Case Number:	CM14-0034870		
Date Assigned:	06/23/2014	Date of Injury:	04/15/2013
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 Surgery 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 62-year-old male attorney sustained an industrial injury 4/15/13, relative to trip and fall. He was diagnosed with a rupture of the quadriceps tendon, which was repaired. The quadriceps tendon was reinjured, and a repeat repair was performed on 4/30/13. He did poorly in the post-operative period and was diagnosed with reflex sympathetic dystrophy. The 1/23/14 treating physician report cited severe knee stiffness with pain and persistent stiffness. Crutches were required for ambulation. He was evaluated by the neurologist who said not feel the reflex sympathetic dystrophy was a primary diagnosis. Physical exam findings documented significant contracture limiting flexion to 45-50 degrees. There was tenderness at the quadriceps tendon. A standing knee series showed no degenerative changes. There was some patella baja and poor bone quality for his age. A right knee arthroscopy with lysis of adhesions and manipulation under anesthesia was requested with 15 to 20 sessions of post-operative physical therapy. The 2/26/14 utilization review certified the requested surgery and modified the request for post-operative physical therapy x 15-20 visits for the right knee, certifying 10 initial sessions consistent with guidelines for initial post-operative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post OP Physical Therapy x 15-20 visits for Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Under consideration is a request for post-op physical therapy x 15-20 visits for the right knee. The California Post-Surgical Treatment Guidelines for knee manipulation under anesthesia suggest a general course of 20 post-operative visits over 4 months during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 10 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 2/26/14 utilization review recommended partial certification of 10 post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request for post-op physical therapy x 15-20 visits for the right knee is not medically necessary.