

Case Number:	CM14-0038303		
Date Assigned:	06/27/2014	Date of Injury:	02/06/2012
Decision Date:	08/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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:

The patient is a 25-year-old female who has submitted a claim for post osteostomy and tubercle transfer, ACI patella right knee (09/25/2013) associated with an industrial injury date of 02/06/2012. Medical records from 06/21/2013 to 02/28/2014 were reviewed and showed that patient complained of right knee pain graded 5-6/10 with no reported radiation or numbness. Physical examination revealed a healed anterior surgical scar with no tenderness upon palpation. Right knee ROM was 0-90 degrees. MMT was 4/5 for the quadriceps and hamstrings muscles. Sensation to light touch was intact. Patellofemoral crepitus and patellar grind test were negative. The right knee was stable to anterior, posterior, varus and valgus stress tests. X-ray of the right knee dated 06/17/2013 revealed postsurgical changes of ACL repair. Treatment to date has included OATS procedure and tibial osteotomy right knee(09/25/13), physical therapy, and pain medications. Utilization review dated 03/13/2014 denied the request for physical therapy-continue core based rehab for the right knee 12 sessions because the patient has had 36 visits of physical therapy without ongoing documentation of improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy- continue core based rehab for the right knee, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. MTUS Postsurgical Treatment Guidelines recommend 30 visits of post-surgical physical therapy over 12 weeks for fracture of fibula cases with a postsurgical physical medicine treatment period of 6 months. In this case, the patient completed 36 visits of postsurgical physical therapy with documentation of functional improvement. Additional physical therapy was requested to allow improvement in functional gains based on the medical records (02/28/2014). However, there has been no documentation of active participation in HEP. Moreover, the post-operative physical medicine treatment period of 6 months has elapsed. There was no discussion as to why variance from guidelines recommendation is necessary. It is also unclear as to why the patient cannot self-transition into HEP. Therefore, the request for physical therapy- continue core based rehab for the right knee, 12 sessions is not medically necessary and appropriate.