MAXIMUS Federal Services

Case Number:	CM14-0047256		
Date Assigned:	07/02/2014	Date of Injury:	08/17/2012
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 injured worker is a 26-year-old female who reported an injury on 08/17/2012 due to falling off a tire of a diesel truck, about 4 feet to the ground. Diagnoses for the injured worker were acute right patellar dislocation, history of prior right patellar disc location, nonindustrial. The treatment plan for the injured worker was 39 visits of physical therapy where the injured worker had a very slow progress of improvement with noted measurable gains. Diagnostic studies were not submitted for review. The injured worker had a right knee tibial tubercle osteotomy done on 10/17/213. The injured worker had a physical examination on 02/14/2014 that revealed the right knee with pain and swelling. The injured worker stated the pain was constant and it was aggravated by bending and straightening the knee, weight bearing and walking increased the pain. The injured worker rated her pain anywhere between a 7/10 and a 9/10. That was for present, best, and worse. The injured worker stated at that time physical therapy did not help her. She was unable to drive, unable to walk, had to use crutches, unable to negotiate stairs, needed assistance with dressing, showering, and unable to do certain things around the house. The injured worker stated she was still unable to return to exercise. Palpation of the knee revealed pain at the medial joint line and lateral tibial plateau, and the medial incision and distal anterior incision. Range of motion for the right knee on extension lacking 1 degree, flexion was 91 degrees. Hip strength testing for the right hip abduction was 3-/5, and hip flexion of the right hip was 3/5. The injured worker has been seen for 26 visits of physical therapy for the right tibial tubercle osteotomy. The injured worker had decreased knee girth, increased right knee flexion, was starting to ambulate with 1 crutch. The injured worker still complained of constant high levels of pain in the right knee and it awoke her at night. The injured worker had limited knee range of motion of the right knee, and significant weakness. Medication for the injured worker was Oxycodone. The treatment plan was for postoperative physical therapy to the right

knee 3 times a week for 4 weeks. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy to right knee three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99,Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The request for postoperative physical therapy to right knee 3 times a week for 4 weeks is not medically necessary. The Postsurgical Treatment Guidelines state postsurgical physical medicine period means the timeframe that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations. For all surgeries not covered by these guidelines, the postsurgical physical medicine period is 6 months. Due to the fact the injured worker had her surgery 10/17/2013, it is already past 6 months and would exceed the postoperative time frame. The California Medical Treatment Utilization Schedule states physical medicine is recommended in a passive therapy and an active therapy. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial 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. It was not reported that the injured worker was participating in home exercises and/or stretching. The injured worker has had 39 visits of physical therapy with little progression in functional improvement. The records submitted for review were mostly from the year 2013, with only physical therapy records dated 2014 in January and February. There were no other medications or conservative care reported as tried and failed. Therefore, the request is not medically necessary and appropriate.