

Case Number:	CM14-0051612		
Date Assigned:	07/07/2014	Date of Injury:	11/21/2013
Decision Date:	10/03/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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, has a subspecialty in Pain 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 injured worker is a 45-year-old male with an original date of injury on November 21, 2013. The patient has right knee patellar tendon rupture and this was repaired surgically on November 22, 2013. Postoperatively the patient has had 32 visits of physical therapy. The disputed request is for additional physical therapy 2 times a week for 6 weeks. This was modified in a utilization review determination to allow 3 additional physical therapy sessions. The reason for this modification was that guidelines generally support up to 24 visits for ACL repair, which is a similar post-operative physical therapy period as patellar tendon repair, as extrapolated by the physician reviewer. Therefore at this juncture, there was a recommended modification of only 3 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99.

Decision rationale: The California Medical Treatment and Utilization Schedule have postoperative guidelines for knee surgery, but do not have specific timeframe recommendations

for patellar tendon repair. The utilization reviewer had extrapolated guidelines from ACL reconstruction to apply to this case. But instead the general physical medicine guidelines should be applied, which indicate that physical therapy can be continued if there is functional improvement and a demonstrable need for active formal therapy. Patients should also be transition to self-directed home exercises and wean from formal physical therapy. In this case, a progress note on January 21, 2014 documents the treatment plan of continuing physical therapy 2 times a week for 6 weeks. There is no discussion of the functional benefit of prior physical therapy. A follow-up progress note on date of service March 4, 2014 request for an ultrasound to rule out deep venous thrombosis, and again recommends continuation of physical therapy 2 times per week. There is no documentation of what functional deficits warrant continued physical therapy and why transition to self-directed home exercises would not be suitable at this time. This request is not medically necessary.