MAXIMUS Federal Services

Case Number:	CM14-0059681		
Date Assigned:	07/09/2014	Date of Injury:	12/17/2012
Decision Date:	09/09/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 43 year old male who suffered a right tibial plateau fracture on 12/17/12 due to a fall. The injured worker is status post open reduction and internal fixation of the right tibial plateau performed on 12/21/12. The injured worker experienced continued patella femoral pain in the right knee with severe restricitons in patella mobility and began a course of physical therapy on 01/10/14. Upon initial evaluation, the injured worker is noted to have decreased muscle strength of 4/5 at the right gastrocnemius and +3/5 at the right quadriceps. Right knee PROM is -12 degrees with extension and 105 degrees with flexion. Active range of motion is not objectively reported. As of physical therapy note dated 04/09/14 the injured worker has participated in 24 visits of physical therapy. On this date, the injured worker' lower extremity functional score is noted to be 23 which is 28.75% of maximal function. The right knee is noted to be hypermobile and painful with +4/5 muscle strength of the gastrocnemius and quadriceps on the right. Right knee PROM is -3 degrees with extension and 118 degrees with flexion. Additional physical therapy is requested. The injured worker has also been referred to an alternative provider for removal of the tibial plate as the screws are suggested to be contributory to the injured worker's persistent right knee pain. Records do not indicate this procedure has been approved or scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right knee two times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 23.6. Knee Complaints, 9792.24.3. Postsurgical Treatment Guidelines, Fracture of tibia and fibula and 9792.20-9792.26, Physical Medicine Page(s): 7,98-99 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines allows for up to thirty visits over twelve weeks following an ORIF of the knee. The postsurgical physical medicine treatment period allowed by the Chronic Pain Medical Treatment Guidelines is up to six months. This injured worker is approaching two years post ORIF of the right knee. The Chronic Pain Medical Treatment Guidelines states, "In the absence of any cure for the patient who continues to have pain that persists beyond the anticipated time of healing, the chronic pain medical treatment guidelines in section 9792.24.2 shall apply." The Chronic Pain Medical Treatment Guidelines allow for up to nine to ten visits over eight weeks for myalgia and myositis and up to 24 visits over sixteen weeks for reflex sympathetic dystrophy. The injured worker has previously participated in 24 visits of physical therapy which have all occurred outside of the 6 month postsurgical treatment period recommended by the Chronic Pain Medical Treatment Guidelines. As such, an additional twelve postoperative visits of physical therapy would exceed Chronic Pain Medical Treatment Guidelines. Records to do not reveal exceptional factors which would warrant approval of treatment oiutside of guideline recommendation. There are no barriers indicated which would prevent the injured worker from utilizing a home exercise program to progress toward therapeutic goals. Therefore, the request for Post-operative physical therapy for the right knee two times a week for six weeks is not medically necessary or appropriate.