MAXIMUS Federal Services

Case Number:	CM14-0064449		
Date Assigned:	07/11/2014	Date of Injury:	02/15/2009
Decision Date:	09/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family 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 55 year old male who reported an industrial injury on 2/15/2009, over 5 years ago, attributed to the performance of his usual and customary job tasks as a firefighter. The patient is diagnosed with a proximal patellar tendinosis and patellar tendon partial tear. The patient was s/p patellar tendon tenotomy on 1/16/2014; status post lateral meniscectomy; and status post right knee arthroscopy 8/3/2012. The patient was provided a platelet rich plasma injection on 1/16/2014 and was subsequently on crutches performing physical therapy. The patient has been doing active physical therapy. The patient continued to have a right patellar tendon pain subsequent to the patellar tendon percutaneous tenotomy and platelet rich plasma injection during January 2014. The patient reported continued pain but improvement. The patient is able to go up and down stairs without discomfort. There is no evidence of locking or buckling. The objective findings on examination included mild tenderness along the proximal patellar tendon; full range of motion of 0 to the knee; mild crepitus noted. The patient has been cleared to ride a bicycle. The patient was recommended to have additional post-operative physical therapy directed to the right knee 1 to 2 times a week for six weeks. The patient was certified six additional sessions of physical therapy. It was documented that the patient had received 33 sessions of physical therapy directed to the right knee to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 1-2 times weekly for 6 weeks - right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300,Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter---Knee post operative arthroscopy.

Decision rationale: The request for an additional 6-12 sessions of physical therapy (PT) to the knee status post tenotomy with PRP injection after 33 prior sessions of physical therapy were provided was not supported with objective evidence to support medical necessity. The patient is status post knee patellar tendon tenotomy with PRP injection to the patellar tendon and should be exercising on his own. There are no documented objective findings to support the medical necessity of additional PT over the recommended self-directed home exercise program. The patient has received 33 sessions of post-operative PT. There is no medical necessity for more than 33 total sessions of PT for the post-operative rehabilitation of the knee. The patient is reported to be 8 months status post date of surgery for the knee and has exceeded the California MTUS time period recommended for rehabilitation of the knee postoperatively. The patient has been released to ride a bicycle and is able to participate in a self-directed home exercise program. The request for additional sessions of PT is in excess of the number recommended by the CA MTUS. The patient is documented to have pain with no objective findings on that cannot be addressed in a HEP. There is no evidence the patient cannot increase strength and conditioning in a self-directed home exercise program. The treating physician provided no rationale supported with objective evidence to support the medical necessity of additional physical therapy postoperatively in excess of the number recommended by the California MTUS. The request exceeds the CA MTUS recommendations of twelve (12) sessions of post-operative knee physical therapy for arthroscopic surgical intervention. The CA MTUS recommend a total of twelve (12) sessions over 12 weeks for the rehabilitation of the knee s/p arthroscopic surgical intervention with integration into a self-directed home exercise program. The patient has received 33 sessions and should be in a HEP. The subsequent conditioning and strengthening is expected to be accomplished with the self-directed home exercise program. Therefore, there is no demonstrated medical necessity for the requested 6-12 additional sessions of physical therapy to the knee seven months after the date of surgery as compared to continued strengthening and conditioning in a self-directed home exercise program.