

Case Number:	CM14-0080337		
Date Assigned:	07/18/2014	Date of Injury:	05/15/2013
Decision Date:	08/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 Interventional Spine 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 63 year-old male with the date of injury of 05/21/2014. The patient presents with right knee pain, rating 7-8/10 on the pain scale. His pain is aggravated by kneeling or bending of his right knee. According to [REDACTED] report on 02/26/2014, his impression is right knee patellar tendon tendinitis. The patient underwent a percutaneous patellar tendon debridement surgery on 02/26/2014. He had 8 sessions of physical therapy by [REDACTED]. [REDACTED] requested physical therapy 2 or 3 times a week, 4 weeks for the right knee. The utilization review determined being challenged is dated on 05/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/29/2013 to 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times a week for 4 weeks right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee, (Post-Surgical) Page(s): 24-25.

Decision rationale: The patient presents with right knee pain, and is s/p percutaneous patellar tendon debridement surgery on 02/26/2014. Patient complains that he is not able to kneel or bend without pain. The request is for physical therapy 2 or 3 times a week, 4 weeks for the right

knee. MTUS guidelines allow 12 sessions of physical therapy for postsurgical treatment following dislocation of knee, tear of medial/ lateral cartilage/ meniscus of knee, dislocation of patella. Per [REDACTED] on 04/07/2014, the patient so far completed 8 sessions of physical therapy without any benefit from 03/13/2014 to 04/07/2014. The patient initially started therapy with 7-8/10 pain scale and ended with 8/10. [REDACTED] has asked for additional therapy but does not discuss how the patient will benefit from more therapy when it has not helped so far. In addition, MTUS only allow 12 sessions of post-op therapy following this type of surgery and the current request combined with 8 already received would exceed this number. Recommendation is for denial.