

Case Number:	CM14-0092436		
Date Assigned:	07/25/2014	Date of Injury:	02/22/2014
Decision Date:	10/01/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/18/2014

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 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 43-year-old male who reported an injury 02/22/2014. The mechanism of injury was not provided within the medical records. The clinical note dated 05/09/2014, indicated diagnoses of right knee inferior pole patellar fracture and patellar tendon rupture status post right knee patellar tendon reconstruction, right shoulder impingement syndrome status post subacromial injection times 1. The injured worker reported he was 8 weeks status post right knee patellar tendon rupture and subsequent open reconstruction. The injured worker reported slow progress improvement of his range of motion and pain. The physical examination of the right knee revealed range of motion from 5 degrees to about 115 degrees of flexion with atrophy of about 1.5 inches versus the opposite side. The injured worker medial and lateral collateral ligaments were intact. The injured worker had tenderness over the patellar tendon of the inferior border of his reconstruction to the inferior border of the patella. The injured worker's treatment plan included followup in 4 weeks. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for physical therapy 2 times a week for 6 weeks for the right knee. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week for 6 Weeks for Right Knee: 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 Physical Therapy Page(s): 98.

Decision rationale: The request for Physical Therapy 2 Times a Week for 6 Weeks for Right Knee is not medically necessary. The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, decreased strength or flexibility. In addition, it was not indicated the injured worker had prior physical therapy, if so it was not indicated the number of sessions or the efficacy of the prior. Therefore, the request for physical therapy is not medically necessary.