

Case Number:	CM14-0188267		
Date Assigned:	11/18/2014	Date of Injury:	06/21/2010
Decision Date:	01/07/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 44 year old employee with date of injury 6/21/10. Medical records indicate the patient is undergoing treatment for s/p left patella-femoral arthroplasty 11/8/13. She is s/p arthroscopy and open reduction and internal fixation left patella fracture 9/2/10; removal of internal fixation left knee 6/2011; arthroscopic surgery and manipulation left knee 12/21/12. Subjective complaints include clicking and catching while walking and chronic pain in anterior knee since first surgery. Objective complaints include well healed scar left knee. ROM 0-30 degrees with some clicking and crepitus on flexion, antalgic gait with lurch over the left knee and complains of occasional pain with tenderness. X-rays show good placement of the patella-femoral implants. There is interval formation of osteophyte in anterior compartment of knee with possible loose bodies. Treatment has consisted of a cane and knee brace. He is on work restriction, doing physical therapy and home exercise program. Medications include Norco, Trazodone, Tramadol, Celebrex, Amlodipine and HCTZ. The utilization review determination was rendered on 10/28/14 recommending denial of post-operative physical therapy, 3 times a week for 8 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, 3 times a week for 8 weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: ODG and MTUS refer to the post-surgical knee as "Recommended. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated." The number of physical therapy sessions range from 12-24. MTUS guidelines further state, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." A reevaluation can be performed at this time to modify the treatment course. Post-surgical physical therapy is medically necessary, but a full course of 24 sessions is not recommended at this time. As such, the request for post-operative physical therapy three times a week for 8 weeks is not medically necessary, at this time.