

Case Number:	CM14-0096119		
Date Assigned:	07/25/2014	Date of Injury:	01/02/2014
Decision Date:	04/01/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 32-year-old male who sustained an injury on January 3, 2014 which resulted in a right patella fracture and patellofemoral dislocation. The patient completed 19/24 approved visits from 3/26/14-5/19/14. The patient was seen on 5/28/14 exam did reveal tenderness at the lateral and medial patellar facets with no instability to ligamentous testing. Sensation was intact. Strength was 5/5 knee flexion and 4/5 on extension. In addition a slightly tilted patellofemoral articulation and a fracture fragment medially which is well incorporated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x12 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: CA MTUS allows up to 10 PT treatments posts urgery or fracture for this condition. The patient has nearly full knee ROM and strength. There is no evidence of

significant functional deficits that would support the need for additional supervised therapy. There is no documentation given to explain why the patient cannot perform a home exercise program. For these reasons additional physical therapy is not medically necessary.