

Case Number:	CM15-0006227		
Date Assigned:	01/20/2015	Date of Injury:	07/12/2014
Decision Date:	03/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male who reported an injury on 07/12/2014. The mechanism of injury was due to a slip and fall. His relevant diagnoses include ecchymosis of the lower leg joint and closed fracture of the patella. His past treatments included physical therapy, chiropractic care, medications, and surgery. His pertinent surgical included a right knee manipulation under anesthesia and reduction with internal fixation of the patellar fracture. On 11/10/2014, the injured worker complained of pain and stiffness in his left knee. The physical examination of the left knee revealed no effusion, well healed surgical scar, and limited range of motion with flexion at 0 degrees to 80 degrees. The injured worker's neurological evaluation was indicated to be intact. His relevant medications were not provided for review. The treatment plan included postop physical therapy for the left knee, 3 times a week for 6 weeks. A rationale was not provided. The Request for Authorization form was submitted on 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy for the left knee, 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for post-op physical therapy for the left knee, 3 times a week for 6 weeks is not medically necessary. According to the California MTUS Postsurgical Guidelines, postsurgical treatment for a surgical procedure for the fracture of patella is allotted 10 physical therapy sessions over 8 weeks. The guidelines also state, an initial 6 visit trial should be provided with a reassessment prior to requesting additional sessions. The injured worker was indicated to be status post open reduction internal fixation of a patellar fracture of the left knee. The injured worker was also indicated to have undergone postsurgical physical therapy. However, documentation in regards objective functional improvement was not provided for review. In addition, the request as submitted would exceed the number of visits recommended by the guidelines. Furthermore, there was a lack of exceptional factors for review to indicate medical necessity of additional postoperative physical therapy sessions beyond the guideline outliers. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.