

Case Number:	CM15-0131944		
Date Assigned:	07/20/2015	Date of Injury:	10/21/2014
Decision Date:	08/14/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on 10/21/2014. He has reported injury to the right hand and right knee. The diagnoses have included right middle finger zone 2 flexor tendon injury; status post right middle finger wound exploration and a radial digital nerve reconstruction with nerve tube, on 10/23/2014; right patella avulsion fracture; right knee arthrofibrosis; and status post right knee arthroscopy with partial patellectomy, inferior pole, and repair of patellar tendon, on 11/20/2014. Treatment to date has included medications, diagnostics, activity modification, wheelchair, occupational therapy, physical therapy, home exercise program, and surgical intervention. Medications have included Norco. A progress report from the treating provider, dated 06/03/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain, weakness, swelling, numbness, popping, grinding, and locking in his right knee; his pain level today is 6-7/10 on the pain scale; symptoms are exacerbated by walking; and symptoms are relieved by Norco and physical therapy. Objective findings included alert and oriented; in no apparent distress; and mood and affect are appropriate. The treatment plan has included the request for physical therapy 3 times a week for 4 weeks, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg, physical medicine guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy, Patellar tendon rupture.

Decision rationale: The claimant sustained a work-related injury in October 2014 and underwent an arthroscopic partial patellectomy and patellar tendon repair in November 2014. He had post-operative physical therapy with case notes referencing completion of 35 treatments. When seen, his BMI was 27.4. Additional physical therapy was requested. No examination of the knee was documented. Guidelines recommend up to 34 visits over 16 weeks after the claimant's surgery. In this case, the claimant has already had an appropriate course of post-operative therapy which should have included a home exercise program. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. The number of additional treatments being requested is in excess of the guideline recommendation or what might be needed to reestablish finalize the claimant's home exercise program. The request is not medically necessary.