

Case Number:	CM15-0184369		
Date Assigned:	09/24/2015	Date of Injury:	01/13/2014
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 44 year old male who sustained an industrial injury on 01-13-2014. The injured worker was diagnosed with dislocation of patella, closed bilateral. The injured worker is status post right tibial tubercle osteotomy with anterior medialization and internal rotation on July 25, 2014 and left tibial tubercle osteotomy and partial lateral meniscectomy on November 19, 2014. According to the treating physician's progress report on 07-23-2015, the injured worker was evaluated for right knee disorder and continued to make good progress with rehabilitation and working on a modified basis. The injured worker has intentionally lost 16 pounds. Examination noted range of motion at 0-140 degrees with quadriceps tone down less than 10%. A grade 1 crepitation was noted with a negative patellar apprehension test. Prior treatments included diagnostic testing, surgery times two with post-operative physical therapy (unknown quantity), home exercise program and medications. Treatment plan consists of continuing to work on rehab program, returning to full duty in approximately 6 weeks and on 07-23-2015, the provider requested a retrospective authorization for physical therapy for long term home program management (DOS: 6-11-2015 and 7-23-2015). On 08-17-2015, the Utilization Review determined the request for retrospective physical therapy for long-term home program management (DOS 6-11-2015 and 7-23-2015) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Physical therapy for long term home program management (DOS 6/11/2015 and 7/23/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 44 year old patient complains of pain in the bilateral knees, and has been diagnosed with closed bilateral dislocation of patella, and hypertension, as per progress report dated 07/23/15. The request is for retrospective: physical therapy for long-term home program management (DOS 6/11/2015 and 7/23/2015). The RFA available for review is dated 09/01/15 (after the UR denial date), and the patient's date of injury is 01/13/14. The patient is status post left knee arthroscopic surgery on 11/19/14, as per the operative report. The patient is status post right and left knee tibial tubercle osteotomies, as per progress report dated 06/11/15. The patient is on modified duty, as per progress report dated 07/23/15. MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient underwent left knee tibial tubercle osteotomy, as per operative report dated 11/19/14. The patient subsequently underwent a physical therapy evaluation on 11/25/14, and was started on a home exercise program. The patient also received treatment at the physiotherapist's office, as indicated by the multiple PT progress reports available for review. As per physical therapy discharge report, dated 04/21/15, the will continue home exercise program and will not be seen by the therapist "unless situation changes." The current request is for long-term PT home management sessions, dated 06/11/15 and 07/23/15 that were completed after the discharge report. None of the progress reports discuss this request. The progress reports and the Utilization Review denial letter also do not document the number of PT sessions completed by the patient. In an appeal letter, dated 09/01/15 (after the UR denial date), the treater states that physical therapy and the home rehabilitation program developed by the therapist helped the patient to return to full duty after the surgery. The treater also states that the 6/11/2015 and 7/23/2015 PT visits were "an integral part of his ongoing treatment," and should, therefore, be authorized. The treater does not explain what long-term home program management includes. However, it appears to refer to a physical therapy visit with HEP instructions. While it is evident that the patient has benefited from PT and HEP, MTUS allows for only 24 visits in patients undergoing osteotomies. It is not clear if the requested 06/11/15 and 07/23/15 PT visits fall within this range or not, especially since the patient already received a PT discharge report on 04/21/15. Given the lack of relevant documentation, the request is not medically necessary.