

Case Number:	CM15-0185266		
Date Assigned:	09/25/2015	Date of Injury:	01/29/2015
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Emergency 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 29 year old male, who sustained an industrial injury on 1-29-2015. The injured worker was diagnosed as having left femoral condyle fracture, left knee adhesions, status post lysis of adhesions and manipulation (5-26-2015), and left knee stiffness. Treatment to date has included diagnostics, open reduction and internal fixation of left posterior medial femoral condylar fracture on 1-30-2015, subsequent left knee surgery on 5-26-2015, and physical therapy for the knee. Currently (8-13-2015), the injured worker complains of residual weakness and stiffness of the left knee, continued weakness of the quadriceps muscle, noting, "continues to improve with physical therapy". Physical exam of the left knee noted range of motion 0-125 degrees (0-125 degrees on 7-02-2015 per orthopedic progress report) and the ability to glide well through range of motion. The treating physician documented that x-rays were taken and showed "knee is stable" and "fracture healing within normal limits". Long-term goal was for range of motion 0-140 degrees and to increase quadriceps strength, in order to return to normal activities of daily living. His present function with activities of daily living was not described. Current medication regimen was not noted. It was documented "imperative" that he continue physical therapy as to not reform scar tissue and to further strengthen the leg. He remained off work until "unknown". Per the progress report (7-22-2015), he was also recommended physical therapy for the low back. The submitted medical records did not contain physical therapy progress reports subsequent to the injured worker's second left knee surgery and the total number of completed sessions could not be determined. Progression with activities of daily living could not be determined. A Utilization Review letter dated 7-29-2015 noted certification for physical therapy

(2-3 x 4-6). A Utilization Review report dated 7-08-2015 certified 12 physical therapy sessions for the left knee. Per the request for authorization dated 8-13-2015, the treatment plan included additional physical therapy, 3x4, non-certified by Utilization Review on 9-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the knee 3 times a week for 4 weeks, quantity: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Knee.

Decision rationale: The requested additional physical therapy for the knee 3 times a week for 4 weeks, quantity: 12 sessions is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation (8 CCR 9792.24. 3), Knee: Page, 24, Fracture of other and unspecified parts of femur (ICD9 821): Postsurgical treatment: 30 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months. The injured worker was diagnosed as having left femoral condyle fracture, left knee adhesions, status post lysis of adhesions and manipulation (5-26-2015), and left knee stiffness. Treatment to date has included diagnostics, open reduction and internal fixation of left posterior medial femoral condylar fracture on 1-30-2015, subsequent left knee surgery on 5-26-2015, and physical therapy for the knee. Currently (8-13-2015), the injured worker complains of residual weakness and stiffness of the left knee, continued weakness of the quadriceps muscle, noting, "continues to improve with physical therapy". Physical exam of the left knee noted range of motion 0-125 degrees (0-125 degrees on 7-02-2015 per orthopedic progress report) and the ability to glide well through range of motion. The treating physician documented that x-rays were taken and showed "knee is stable" and "fracture healing within normal limits". Long-term goal was for range of motion 0-140 degrees and to increase quadriceps strength, in order to return to normal activities of daily living. His present function with activities of daily living was not described. Current medication regimen was not noted. It was documented "imperative" that he continue physical therapy as to not reform scar tissue and to further strengthen the leg. He remained off work until "unknown". Per the progress report (7-22-2015), he was also recommended physical therapy for the low back. The submitted medical records did not contain physical therapy progress reports subsequent to the injured worker's second left knee surgery and the total number of completed sessions could not be determined. Progression with activities of daily living could not be determined. A Utilization Review letter dated 7-29-2015 noted certification for physical therapy (2-3 x 4-6). A Utilization Review report dated 7-08-2015 certified 12 physical therapy sessions for the left knee. The treating physician has not documented the number of therapy sessions completed, objective evidence of functional improvement nor participation in a home exercise program. The criteria noted above not having been met, additional physical therapy for the knee 3 times a week for 4 weeks, quantity: 12 sessions is not medically necessary.