

Case Number:	CM15-0190349		
Date Assigned:	10/02/2015	Date of Injury:	04/19/2015
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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 47 year old, male who sustained a work related injury on 4-19-15. A review of the medical records shows he is being treated for right knee fracture. Treatments have included open reduction, internal fixation right patella fracture on 4-29-15 and 24 postoperative physical therapy sessions (to this point). Only notation of improvement from physical therapy is he can flex right knee to 75 degrees. Current medications include Percocet. In the progress notes, the injured worker reports he continues to go to therapy. He reports working on his right knee range of motion. He reports he can flex right knee to about 75 degrees. On physical exam dated 9-11-15, limited right knee flexion. He can flex right knee to 70 degrees and extend it to - 10 degrees. Right knee x-rays dated 4-19-15 reveals "acute comminuted fracture of the patella with distraction of multiple fragments. Small joint effusion. Minor degenerative changes diffusely in the right knee." Right knee x-rays done in the provider's office this visit reveal "fracture to be healed. Hardware intact." He is not working. The treatment plan includes a request for 12 more physical therapy visits and a request for prior authorization for manipulation. The Request for Authorization dated 9-11-15 has requests for 12 physical therapy visits 2 x 6 and manipulation of the right knee under anesthesia. In the Utilization Review dated 9-18-15, the requested treatments of manipulation of left knee under anesthesia is not medically necessary and physical therapy 12 visits 2 x 6 to the right knee is modified to physical therapy 5 visits to right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits twice a week for 6 weeks to the right knee: 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 claimant sustained a work injury in April 2015 and underwent ORIF of a comminuted patellar fracture on 04/29/15 with injury occurring when he fell from a ladder, landing on the right knee. As of 09/10/15, there had been 25 physical therapy treatments. When seen, there was mild, diffuse knee pain. Passive range of motion was from 10 to 70 degrees. The plan references 12 additional physical therapy sessions and then consideration of manipulation under anesthesia. After the surgery performed, guidelines recommend up to 10 visits over 8 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had post-operative physical therapy. 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. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary at this time.

Manipulation of the right knee under anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter (MUA) Manipulation under anesthesia.

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) Manipulation under anesthesia (MUA).

Decision rationale: The claimant sustained a work injury in April 2015 and underwent ORIF of a comminuted patellar fracture on 04/29/15 with injury occurring when he fell from a ladder, landing on the right knee. As of 09/10/15, there had been 25 physical therapy treatments. When seen, there was mild, diffuse knee pain. Passive range of motion was from 10 to 70 degrees. The plan references 12 additional physical therapy sessions and then consideration of manipulation under anesthesia. Manipulation under anesthesia can be recommended as an option for treatment of arthrofibrosis of the knee, an inflammatory condition that causes decreased range of motion, or after total knee arthroplasty in patients who fail to achieve more than 90 degrees of flexion in the early perioperative period, or after six weeks. In this case, the claimant's range of motion is only 70 degrees and his surgery was more than 4 months ago. He has already had an excessive course of physical therapy including a home exercise program. Manipulation under anesthesia is medically necessary.