

Case Number:	CM15-0028850		
Date Assigned:	02/20/2015	Date of Injury:	01/08/2015
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 23-year-old male hospitalized on 1/8/2015 for traumatic occlusion of the right popliteal artery injury status post a 2000 pound bag of rice falling onto him while at work which likely resulted in a traumatic dislocation of the knee with disruption of ACL, PCL, and LCL. There was a crush injury to the knee associated with fractures of the proximal tibia and fibula. He was emergently taken to the operating room by the vascular surgery team and a right femoral to popliteal bypass was performed with saphenous vein autograft from the contralateral extremity. To manage an obvious compartment syndrome fasciotomies were performed through a single incision on the lateral aspect releasing all compartments. Examination of the knee under fluoroscopy revealed gross instability with anterior/posterior drawer as well as varus stress of the knee. There was minimal opening with valgus stress. A large external fixation set was utilized to stabilize the leg. The knee injuries included the anterior cruciate ligament, posterior cruciate ligament, and posterolateral corner injuries. X-rays dated 1/12/2015 revealed fractures of the proximal anterior tibia, head of fibula, and an anteromedial femoral condyle impaction fracture. Persistent surrounding soft tissue swelling was noted. The external fixator was in place. Additional documentation indicates that the fractures of the anterolateral tibial plateau and tibial metaphysis were mildly displaced. The fracture of the fibular head was also mildly displaced. In addition tears of the medial and lateral menisci are documented. On February 4, 2015 a request for right knee diagnostic arthroscopy, removal of external fixation and manipulation under anesthesia was noncertified. Based upon the noncertification of the surgical request, utilization review noncertified the request for 24 postsurgical physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: physical therapy for the right knee; 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25, 10, 11.

Decision rationale: . This independent medical review pertains to the non-certified request for 24 postoperative physical therapy sessions. The rationale behind the surgical request was to remove the external fixator, evaluate the knee, and start gentle motion in preparation for future reconstructive surgery. Documentation also indicates possible ACL reconstruction at that time although it was not mentioned in the surgery request. For fractures of the tibia and fibula the guidelines recommend 30 visits over 12 weeks. For manipulation under anesthesia the guidelines recommend 20 visits over 4 months. For anterior cruciate ligament reconstruction the guidelines recommend 24 visits over 16 weeks. For dislocation of the knee the guidelines recommend 12 visits over 12 weeks. The guidelines recommend an initial course of therapy of one half of these visits. Then with documentation of objective functional improvement a subsequent course of therapy of the remaining half of the general course of therapy may be prescribed. If it is concluded that additional functional improvement is likely, the physical therapy treatments can continue but not beyond 6 months from the date of surgery. The requested physical therapy is for 24 postoperative sessions. This exceeds the guidelines recommendation of the initial course of therapy and as such, the medical necessity of the request as stated is not established. Furthermore, the documentation submitted at this time indicates that the requested surgical procedure has not been certified. Therefore the medical necessity of the requested postsurgical physical therapy cannot be determined.