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| Case Number: | CM15-0039772 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 09/08/2014 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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 64 year old male, who sustained an industrial injury on 09/08/2014. On provider visit dated 01/13/2015 the injured worker has reported right knee pain. On examination was noted to have right knee pain, hemarthrosis, contusion, and patella tendon rupture. The diagnoses have included dislocation patella, pain in joint lower, and contusion of knee. Treatment to date has included MRI of right knee, open right knee patella tendon rupture repair on 9/26/2014 and physical therapy.

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 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee chapter, physical medicine.

Decision rationale: This patient has a date of injury of 09/08/14 and is status post right knee patellar tendon rupture repair. The current request is for physical therapy 3 times a week for 4 weeks for the right knee. The ODG guidelines under the knee chapter has the following regarding physical medicine, "patella tendon rupture (icd9 727.66) post-surgical treatment: 34 visits over 16 weeks. Progress report dated 01/13/15 states that the patient is doing well and is participating in physical therapy with "benefit." Recommendation was for the patient to continue therapy "to work on gait training." In this case, the patient has been afforded 36 post operative physical therapy sessions. The request for additional 12 sessions exceeds what is recommended by mtus. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self directed home exercise program. The requested physical therapy is not medically necessary.