

Case Number:	CM15-0040832		
Date Assigned:	03/11/2015	Date of Injury:	02/17/2014
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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, 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 was a 68 year old female, who sustained an industrial injury, February 17, 2014. The injury occurred when the injured worker slipped and fell at work to the hard floor. The injured worker was brought to the emergency room and x-ray showed left patellar fracture. The injured worker previously received the following treatments toxicology laboratory studies, MRI of the left knee, MRI of the left ankle, status post left knee patella repair March, 13, 2014, postoperative left knee x-rays, hinged knee brace, crutches, 32 session of postoperative physical therapy for the left knee and 12 sessions for the left ankle. The injured worker was diagnosed with left displaced comminuted inferior pole patella fracture. On December 8, 2014, the injured worker was released to return work to full duty. According to progress note of February 5, 2015, the injured workers chief complaint was a flare-up of bilateral knee pain, left worse than the right. The injured worker rated the pain 5 out of 10; 0 being no pain and 10 being the worse pain. According to the injured worker physiotherapy makes the injured workers pain worse but sometimes better. The injured worker received 32 sessions of physiotherapy post operation for the left knee and 12 sessions for the left ankle. The physical exam noted the range of motion was flexion of the left knee 110 degrees and the right knee 120 degrees out of 130 degrees; extension on the left 5 degrees and right 0 degrees, out of 0 degrees. The treatment plan included physiotherapy for the left knee for 2 times a week for 3 weeks, on February 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy of the left knee quantity 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Improvement measures Page(s): 98-99; 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with any recent sessions. Furthermore, while there is noted to have been a flare-up of pain, there is no indication that the remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.