

Case Number:	CM15-0042400		
Date Assigned:	03/12/2015	Date of Injury:	07/19/2013
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 54-year-old male who sustained a work related injury on July 19, 2013, after his foot slipped off a loading dock and incurring an injury to his right knee. He was diagnosed with a fractured right patella, and chondromalacia of the patella. The injured worker underwent an open reduction and internal fixation (ORIF) of the right patella and repair of the right knee tendon. Currently, the injured worker complained of continued pain to the right knee with swelling and stiffness. In December 2014, the injured worker underwent an Arthrotomy of the right knee with debridement, synovectomy, open lateral release of the knee joint removal of loose bodies of the knee and removal of the deep retained hardware of the right knee. The plan that was requested for authorization included postoperative physical therapy of the right knee three times a week for four weeks.

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 Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. According to the MTUS post-surgical treatment guidelines recommend 12 PT sessions over 12 weeks for a treatment period of 4 months. In this case, the patient had 12 visits of PT approved on 1/6/15. The current documentation does not support that the patient has had these sessions. More than the 12 visits recommended would be in excess and more than is required to set up a HEP.