

Case Number:	CM15-0044120		
Date Assigned:	03/16/2015	Date of Injury:	05/06/2013
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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, California, Florida
 Certification(s)/Specialty: Family Practice

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 33-year-old male who reported an injury on 05/06/2013. The mechanism of injury was not stated. The current diagnoses include comminuted fracture of the patella of the left knee, history of left knee surgery on 05/06/2013, and left knee scar tissue and fibrosis. The injured worker presented on 02/05/2015, for an orthopedic re-evaluation regarding the left knee. It was noted that the injured worker was status post left knee patella ORIF on 05/06/2013. The injured worker had completed a recent course of physical therapy, with 8 sessions remaining. The injured worker had been released to regular duty on 12/28/2014. However, she reported ongoing achiness and pain in the left knee. According to a prior physical therapy report, the injured worker had moderate restriction in the iliotibial band, as well as the hamstrings. The injured worker also overextended his left knee when running. Upon physical examination of the left knee, there was positive patellofemoral crepitation, as well as positive grinding. Range of motion was full. However there was discomfort in the lateral aspect. Recommendations at that time included 12 additional sessions of work conditioning. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy work conditioning sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: The California MTUS Guidelines state work conditioning is recommended as an option. Treatment is recommended with a timeline of 10 visits over 8 weeks. The current request for 12 work conditioning sessions would exceed guideline recommendations. Additionally, it is noted that the injured worker has completed over 70 sessions of physical therapy following the surgery on 05/06/2013. The injured worker had an additional 8 sessions remaining, certified on 10/22/2014. Completion of the remaining 8 sessions would be recommended prior to initiation of a work conditioning program. It is also noted that the injured worker is actively participating in a home exercise program. Given the above, the request is not medically necessary at this time.