

Case Number:	CM14-0113384		
Date Assigned:	08/01/2014	Date of Injury:	12/12/2013
Decision Date:	10/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old female who reported an injury on 12/12/2013. The mechanism of injury was reportedly a trip and fall. Her diagnoses included arthritis of the right knee and knee contusion. Her previous treatments included a home exercise program, physical therapy, a brace for 1 month, and wound treatments. She had x-rays and MRIs performed which showed no fractures or blood clots after the injury. Her medications included Celebrex and Ibuprofen. On 01/23/2014 she had an evacuation of a subcutaneous hematoma over the anterolateral right knee. The physical therapy evaluation on 03/17/2014 showed right knee flexion at 107 degrees, extension was 12 degrees, strength was 4/5. The physical therapy note from 04/04/2014 showed she had made some progress with her right knee flexion at 130 degrees and extension was 4 degrees. The note from 06/10/2014 noted her pain in her right knee at 2-8/10 which was worse with more activity. The injured worker reported she cannot go down the stairs normally, but she had some improvement. She had no sensation in front of the knee. The treatment plan was for post-operative physical therapy 3 times per week for 6 weeks. The rationale for request was so that continued deficits in balance, gait mechanics, and soft tissue mobility could be addressed. The request for authorization form was submitted on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Burns, Page(s): 15.

Decision rationale: Based on the clinical information submitted for review, the request for postoperative physical therapy 3 times per week for 6 weeks is not medically necessary. As stated in California MTUS Guidelines, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The guidelines for post-surgical debridement call for 16 visits over 8 weeks within a period of 6 months post-surgery. The injured worker reported tripping and falling on her right knee. She is status post evacuation of a subcutaneous hematoma over the anterolateral right knee with debridement of necrotic skin and has completed 12 sessions of physical therapy. On 03/17/2014 at her initial physical therapy evaluation, her right knee flexion was 107 degrees, extension was 12 degrees and strength was 4/5. The noted from 04/04/2014 showed she had made progress with her right knee flexion at 130 degrees and extension was 4 degrees. She completed 12 visits of physical therapy in 4 weeks with documented objective improvement; however, the guidelines recommend 16 visits over 8 weeks which the request exceeds the recommendations. Furthermore, it is noted that if there is no improvement after 2-3 weeks than the treatment may be modified, but the injured worker did show improvement in her range of motion. The request failed to mention what body will be getting therapy. As such, the request for postoperative physical therapy 3 times per week for 6 weeks is not medically necessary.