

Case Number:	CM14-0119049		
Date Assigned:	08/06/2014	Date of Injury:	05/14/2010
Decision Date:	11/13/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 Minnesota. 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 sustained a left knee fracture involving the medial tibial plateau when he was pinned underneath a shed on 5/14/2010. He had 36 sessions of physical therapy. He underwent arthroscopy on 8/28/2013. The operative report is not included with the records. He had 24 post-operative sessions of physical therapy. The progress report dated 7/23/14 indicates subjective complaints of neck pain radiating to the shoulder. He also complained of left knee pain with prolonged walking. On examination there was mild swelling in the left shoulder. Abduction was 130 degrees; external rotation was 30 degrees, and internal rotation to L4-5. X-rays of the cervical spine, left knee and tibia were obtained. The diagnosis was left knee sprain/contusion; comminuted intra-articular fracture, medial tibial plateau. The recommendation was Home exercises, PT or DC 3 times a week for 6 weeks, Lodine 400 mg, Tylenol OTC and Lidocaine patch. The request says "Please authorize right knee, ankle / right shoulder treatment.

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 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The request as stated does not mention the body part/s for which physical therapy is requested 3 times a week for 6 weeks. The progress report refers to the left knee and left shoulder and requests authorization for the right knee, right ankle, and right shoulder. Based upon the large number of previous physical therapy sessions the worker is familiar with a home exercise program for the left knee. MTUS Chronic Pain guidelines recommend instruction in active therapy. This is to be continued at home as an extension of the treatment process in order to maintain improvement levels. The request as submitted includes the tibial plateau fracture as the diagnosis but does not mention any other diagnosis for which physical therapy is requested. In light of the lack of specification of the requested treatment, the request for physical therapy as requested is not medically necessary.