

Case Number:	CM14-0183872		
Date Assigned:	11/10/2014	Date of Injury:	06/10/2014
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Indiana. 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 42-year-old male with a date of injury of 6/10/14 at which time the injured worker sustained a lateral tibial plateau fracture with slight displacement and depression when he fell on his left knee after falling four feet off a ladder. The worker underwent an ORIF of the fracture and subsequently developed arthrofibrosis. The surgery for the open reduction and internal fixation was performed on 6/27/14 with partial lateral meniscectomy and loose body removal. The worker developed significant stiffness of the left knee with only 60 degrees of knee flexion on a post-operative visit on 8/20/14. On 08/20/2014 the treating physician made a request for a manipulation of the knee under anaesthesia with postoperative physical therapy due to post-operative arthrofibrosis development. The surgery was certified and on 10/7/14, the worker was noted to still have limited ROM of the left knee with a limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical therapy 2 x 4, left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: According to the CA MTUS Guidelines, post-operative physical therapy after a knee manipulation is recommended as follows: Postsurgical treatment up to 20 visits over 4 months; postsurgical physical medicine treatment period is 6 months. If the initially 50 % of the physical therapy sessions are medically necessary with a re-evaluation after completion of these sessions, the requested physical therapy 2 x 4 for the left knee after knee manipulation fits within these guidelines. Therefore, this request is medically necessary.