

Case Number:	CM14-0091619		
Date Assigned:	08/06/2014	Date of Injury:	01/16/2014
Decision Date:	09/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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 California. 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 claimant is a 61-year-old female injured in a work-related accident on January 16, 2014. The records provided for review documents an injury to the right knee, for which the claimant underwent a right knee arthroscopy, partial patellectomy and patellar tendon repair on January 24, 2014. A follow-up report dated April 2, 2014, notes that the claimant had continued complaints of knee pain post-surgery and postoperative swelling was still noted. Physical examination findings were not referenced. A subsequent follow-up report, dated June 18, 2014, described the knee swelling as having diminished. The report states that the claimant continued to use a cane and reported that physical therapy had been beneficial. The records document eight sessions of physical therapy to date. A physical therapy progress note dated August 5, 2014, reported decreased swelling and objective findings of iliotibial band irritation with palpation and improved range of motion from 0 to 118 degrees. This request is for four additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 2wks Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure Patellar tendon rupture (ICD9 727.66)Post-surgical treatment: 34 visits over 16 weeks.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines do not provide parameters for physical therapy following patellar tendon repair. Based on Official Disability Guidelines criteria, up to 34 sessions of physical therapy over a 16-week period of time would be supported following patellar tendon rupture repair. This claimant continues to be symptomatic and reports subjective complaints of pain and swelling. Because only eight sessions of physical therapy have been completed, this request for an additional four sessions would be within the ODG Guideline criteria and, therefore, supported as medically necessary.