

Case Number:	CM15-0118408		
Date Assigned:	06/26/2015	Date of Injury:	09/27/2013
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/18/2015

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
 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 (IW) is a 51-year-old male who sustained an industrial injury on 09/27/2013. Diagnoses include anterior dislocation of the proximal tibial plateau and lumbago. Treatment to date has included medications, repair of tibial plateau fracture with subsequent hardware removal and physical therapy. Progress notes dated 2/25/15 indicated the IW had significant right quadriceps atrophy and 60 degrees extension of the right knee. According to the progress notes dated 5/14/15, the IW reported he did not feel surgery helped his right knee pain. He rated the pain 7/10 and stated it was aggravated by squatting, bending, walking, standing and heavy lifting; walking half a block aggravated his pain. On examination, his gait was antalgic. Motor strength on right leg extension was 4/5, on flexion was 3/5 and on ankle dorsiflexion was 4/5. A request was made for physical therapy, 12 sessions, for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 sessions for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee chapter and pg 54.

Decision rationale: According to the ACOEM guidelines, up to 30 visits are recommended after surgery for a tibial plateau fracture in the 1st 12 weeks. In this case, the claimant's injury was 2 years ago. The claimant had hardware removal over 4 month ago. The claimant completed an unknown amount of therapy after the injury and at least 12 sessions after hardware removal. There is no indication that additional therapy cannot be completed at home. As a result, the request for additional 12 sessions of therapy is not medically necessary.