

Case Number:	CM15-0071462		
Date Assigned:	04/21/2015	Date of Injury:	10/01/2013
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 an industrial injury dated 10/01/2013. His diagnoses include closed fracture of patella, dislocation of knee, plica syndrome and Chondromalacia of patella. Prior treatment included diagnostics, surgery on the knee, physical therapy, steroid injection and medications. He presents on 03/17/2015 with complaints of knee pain. There was tenderness of the left knee without effusion. MRI of left knee dated 10/23/2014 is documented in the 03/17/2015 note. Treatment plan included repeat arthroscopy, work restrictions and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3 times a week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The claimant sustained a work injury in October 2013 with a left knee patellar fracture and dislocation. When seen, repeat arthroscopy was being planned for patellar

tendon debridement. The claimant's BMI is nearly 33. Guidelines recommend up to 12 therapy sessions over 12 weeks with a postsurgical physical medicine treatment period of 6 months following the planned surgery. Confounding factors are the claimant's weight and that this is a repeat procedure. In this case, the request is within the guideline recommendation and should be considered medically necessary.