

Case Number:	CM14-0037571		
Date Assigned:	06/25/2014	Date of Injury:	03/06/2013
Decision Date:	07/24/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Massachusetts. 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 sustained a left knee injury on 03/06/13 with the acute onset of left knee pain while going up steps while working as a Press Operator. He was seen on 03/18/13 and placed at modified work with restricted bending, squatting, climbing, kneeling, and crawling. He underwent imaging with an MRI on 04/01/13 showing distal quadriceps tendon and patellar ligament tears, chondromalacia, a medial meniscus tear, ligamentous edema and a knee effusion. Treatments included a knee brace, rest and outpatient physical therapy. He failed to improve and had ongoing pain and discomfort. He was evaluated and approved for surgery. He underwent a left knee arthroscopy with partial medial meniscectomy and open quadriceps repair on 03/03/14 without apparent complication. He was seen for his first post-operative follow-up appointment on 03/11/14 where there were expected physical examination findings, although only a minimal examination is documented. "Phase I" of a four phase rehabilitation protocol was ordered with a referral for physical therapy 3 times per week for 12 weeks. Phase one is described as lasting 10 weeks with goals of weight bearing as tolerated in a knee brace locked in extension, progressive passive and active assisted range of motion, quadriceps strengthening, and patellar mobilization and scar massage. This is then planned to be followed by Phases II - IV extending over 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x12 left leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Physical medicine Treatment: Quadriceps Tendon Rupture.

Decision rationale: The claimant is status post arthroscopic knee surgery without apparent complication. Although the requested number of therapy visits (36) is slightly in excess of those recommended by Official Disability Guidelines (ODG) for treatment of this condition (34), the requested number of visits is greatly in excess of those medically necessary to meet the goals of the Phase I treatment as described by the requesting provider. Phase I would be expected to require only a few skilled therapy sessions to establish a home exercise/treatment program within the orthopedic precautions as stated. The claimant has no other identified impairment that would preclude him from successfully performing and benefiting from such a program and specialized equipment would not be required. Intermittent skilled therapy supervision and modification of the program as needed with a fading of reliance on the therapist would be expected once these goals were met. As the claimant progresses through the remaining phases, additional skilled therapy sessions would likely be required, again consistent with the goals of that phase of treatment, with the total number of skilled sessions not expected to exceed the recommended maximum of 34 visits. This request for this number of visits at this point in the post-operative care of this claimant would promote over utilization of the approved visits and promote providing therapy services, which do not require skilled intervention and would not be considered medically necessary. Therefore, the decision to deny coverage for the requested physical 3 times per week for 12 weeks in treatment of the left leg is not medically necessary.