

Case Number:	CM13-0027954		
Date Assigned:	11/22/2013	Date of Injury:	12/09/2011
Decision Date:	02/11/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology and is licensed to practice in Texas. 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 physician 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 patient is a 24-year-old female who reported a work related injury on 12/09/2011. The patient has a diagnosis of chondromalacia patella of the left knee. MRI of the left knee revealed meniscal degeneration without discrete meniscal tearing and moderate chondromalacia changes affecting the patellofemoral compartment, most prominent medially. Exam of the left knee revealed pain to the medial joint line and medial patella and lateral patellar facets. 2+ grinding was noted for patellar grind. The patient had full range of motion and extension of the left knee and 140 degrees of flexion. There was positive crepitus and quadriceps and hamstring strength was noted as 4/5. A request has been made for physical therapy 2 times per week for 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Recent clinical documentation noted the patient has undergone more than 30 physical therapy sessions for the left knee. The efficacy of these prior physical therapy sessions was not noted in the submitted documentation. California Medical Treatment Guidelines for Chronic Pain recommend 12 physical therapy visits over 12 weeks for the postsurgical treatment of meniscectomy. There was no evidence given the patient would not be able to address her remaining deficits in a home exercise program versus formal physical therapy visits. It is unclear how many physical therapy visits the patient has attended status post left knee arthroscopy and partial medial meniscectomy. Therefore, the decision for physical therapy 2 times per week for 6 weeks for the left knee is non-certified.