

Case Number:	CM14-0008457		
Date Assigned:	02/12/2014	Date of Injury:	09/19/2012
Decision Date:	07/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine, 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 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 25-year-old male who has submitted a claim for loose body and chondromalacia of the left knee, associated with an industrial injury date of September 19, 2012. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of discomfort in his left knee with grinding episodes. On physical examination of the left knee, it showed grinding with flexion and extension. Tenderness was noted on the anterior aspect of the left patellofemoral joint. Examination of the right knee showed patellar crepitus with flexion and extension. MRI of the left knee done on December 31, 2012, showed patellofemoral malalignment with lateral patellar chronic subluxation and probable acute to subacute dislocation injury; quadriceps and infrapatellar chronic tendinosis. MRI of the right knee done on December 13, 2012, showed patellofemoral malalignment with lateral subluxation of the patella and grade 3 chondromalacia. There was chronic scarring and tendinosis of the patellar retinaculum and quadriceps/infrapatellar tendons. Treatment to date has included medications, physical therapy and chondroplasty. Utilization review from December 31, 2013, denied the request for PT LT KNEE because the decision for left knee arthroscopy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine, Chondromalacia of Patella.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and frequency should be tapered and transitioned into a self-directed home program. As stated in the ODG guidelines, PT is recommended and that the post-surgical physical medicine should be done for 12 visits over 12 weeks. In this case, the injured worker has completed at least 20 sessions of physical therapy. It is unclear why the injured worker cannot transition into a home exercise program. Moreover, the most recent progress report cited that the injured worker is a candidate for left knee arthroscopy with chondroplasty and removal of loose body. It is unknown, due to lack of documentation, if the present request is for post-operative physical therapy. There has been no authorization for surgery, thus far. The medical necessity was not established due to insufficient information. Moreover, the request did not indicate the duration and frequency of the treatment. Therefore, the request for decision for PT Left Knee is not medically necessary.