

Case Number:	CM14-0012115		
Date Assigned:	02/21/2014	Date of Injury:	07/16/2013
Decision Date:	07/24/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 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 patient is a 57-year-old female who has submitted a claim for left knee chondromalacia patella associated with an injury date of 07/06/2013. Medical records from 08/02/2013 to 01/20/2014 were reviewed and showed that patient complained of left knee pain graded 5/10 which was aggravated with kneeling. Physical examination of the left knee revealed diffuse tenderness to palpation over the medial aspect patellar margin. There was no edema or deformity noted. Normal gait was observed. MRI of the left knee dated 11/01/2013 revealed grade 2-3 chondromalacia patella involving the lateral patellar facet with mild subchondral cystic change, small knee joint effusion with mild synovitis, and small popliteal cyst. Treatment to date has included 21 completed visits of physical therapy, cortisone injection of left knee, ibuprofen. Utilization review, dated 01/20/2014, denied the request for six visits of additional physical therapy because the patient is fully functional and independent with HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 9 visits over 8 weeks for chondromalacia patella. In this case, the patient has completed 21 visits of physical therapy with full HEP independence and return to normal activity. The total number of visits was in excess of guideline recommendations. Moreover, there was no discussion supporting the necessity for additional PT. Body part to be treated is likewise not specified. Therefore, the request for **ADDITIONAL PHYSICAL THERAPY SIX (6) VISITS** is not medically necessary.