

Case Number:	CM14-0114104		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2013
Decision Date:	09/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 58-year-old female who reported an injury on 09/16/2013 due to repetitive bending, stooping, and squatting. The injured worker's diagnoses were chondromalacia patella and patellofemoral tracking syndrome. Prior treatments include physical therapy, acupuncture, and medication therapy. Past diagnostics include an MRI of the right lower extremity and impression was severe chondromalacia of the patella. The injured worker denied any past surgical history. The injured worker complained of right knee pain with associated grinding while walking; also noted that as a result, he limited his daily activity that required prolonged weight bearing or prolonged walking. The injured worker rated his pain at 7/10. On physical examination dated 03/05/2014, there was tenderness over the patella tendon at the tibial insertion. There was positive patellofemoral crepitus. McMurray, Patellar Grind and crepitus with range of motion were present. Range of motion of the right knee was 125 degrees of flexion and 0 degrees of extension. It was documented that the injured worker was on medication, but did not supply a list of medication regimen. The provider's treatment plan was to recommend acupuncture treatments and physical therapy to prevent further deterioration of condition. The treatment plan request was for physical therapy of the right knee. The provider recommended the continuation of conservative treatment that included physical therapy. The rationale for the request was to prevent further deterioration of the right knee condition, and with emphasis on the quadriceps strengthening exercises to improve patellofemoral tracking. The Request for Authorization form dated 04/14/2014 was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The request for physical therapy right knee is not medically necessary. According to California MTUS, physical medicine is recommended as an active therapy and is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines also allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical exercise and would support 9-10 visits for myalgia. The injured worker complained of right knee pain associated with swelling, popping, and giving way to weakness. Range of motion was 125 degrees of flexion with positive McMurray's and patellar grind test. In the clinical records there is documentation in the treatment plan, for recommendation of continuation of conservative treatments to include physical therapy and activity modification. However, there is a lack of documentation as to how many physical therapy sessions have been completed as well as no documentation of functional progress from prior therapy to support additional therapy. Also, the deficits on examination would not support additional formal therapy versus an independent home exercise program. The request does not indicate the number of sessions being requested. As such, the request for physical therapy right knee is not medically necessary.