

Case Number:	CM14-0131548		
Date Assigned:	09/29/2014	Date of Injury:	06/13/2012
Decision Date:	10/27/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 23-year-old female who has submitted a claim for patellofemoral malalignment of the left knee associated with an industrial injury date of 06/13/2012. Medical records from 02/24/2014 to 09/25/2014 were reviewed and showed that patient complained of bilateral knee pain (pain scale grade not available). Physical examination revealed decreased knee ROM, swelling and stiffness of bilateral knees, and a limp gait. X-ray of the left knee (date unavailable) revealed lateral tilt of patella. X-ray of the right knee (date unavailable) was unremarkable. Treatment to date has included left knee arthroscopic surgery (04/08/2014), 36 visits of physical therapy for the right knee, 30 visits of physical therapy for the left knee, and pain medications. Documentation of functional outcome with physical therapy was not made available. Utilization review dated 07/25/2014 denied the request for Physical therapy 3 x 4 weeks (12 sessions)-bilateral knees because the patient received extensive treatment without documentation of functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 weeks (12 sessions)-bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

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

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. In this case, the patient has already completed 36 visits of physical therapy for the right knee and 30 visits of physical therapy for the left knee. However, there was no documentation of functional outcome with physical therapy visits. It is unclear as to why the patient cannot transition into HEP. Therefore, the request for Physical therapy 3 x 4 weeks (12 sessions)-bilateral knees is not medically necessary.