

Case Number:	CM14-0155255		
Date Assigned:	09/24/2014	Date of Injury:	08/08/2011
Decision Date:	11/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/17/2014

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, has a subspecialty in Pain Management 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:

This is a patient of the date of injury August 8, 2011. A utilization review determination dated September 12, 2014 recommends denial for additional physical therapy for the patient's knee. A progress report dated June 16, 2014 identifies subjective complaints of no changes in bilateral knee symptoms. Objective findings identify patellofemoral crepitus and VMO atrophy in the right knee. The diagnosis is chondromalacia of patella. The treatment plan recommends physical therapy for the right knee for Quad strengthening. A progress report dated September 4, 2014 recommends additional physical therapy for the right knee. Authorization is also requested to treat the left knee on an industrial basis. A physical therapy progress report dated August 15, 2014 indicates that the patient has undergone 2 treatments. The note indicates decreased range of motion with both of the patient's knees. It recommends 6 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 8 visits Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 9 treatments of therapy for the diagnosis of chondromalacia patella. Within the documentation available for review, it appears the patient has undergone at least 2 therapy sessions thus far. It is unclear if the patient has undergone more therapy sessions previously. If the patient has undergone more therapy sessions previously, there is no documentation of objective functional improvement from prior therapy. If the patient has only undergone 2 sessions previously, then a trial of therapy may be indicated. Unfortunately, the currently requested 8 visits exceed what would be recommended by guidelines as a trial. In fact, the 8 visits currently requested along with the 2 visits previously provided exceed the maximum number recommended by guidelines for this patient's diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.