

Case Number:	CM14-0159377		
Date Assigned:	10/03/2014	Date of Injury:	05/14/2012
Decision Date:	12/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 injured worker is a 68 year old female with a previous slip and fall injury. According to a utilization review on 3/6/14, past physical therapy had been attempted without success in the past; however 6 sessions of physical therapy for the left knee were approved. According to the provided records, the injured worker received manual therapy and E-stim on 3/26/14 by physical therapy for left chondromalacia of the patella. At that time she stated pain of left knee ranged from 3-7/10. Further physical therapy sessions on 3/28/14, 4/3/14, 4/11/14, states that the injured worker is "improving with each session with improved motion, functional capacity and decreased pain level." As of her 6th and final visit on 4/11/14 she states that has had "50% improvement and pain is at best 2/10." The physical therapist states the injured worker is "making good progress and has improved strength and range of motion with therapy." Clinic note by orthopedic surgeon on 4/15/14 left knee pain was 2-3/10 and has had improvement with physical therapy. On examination she has tenderness to palpation of the patella, medial and lateral joint lines. Diagnoses include left patellofemoral chondromalacia, sternal pain, and cervicgia. Orthopedic clinic note from 6/3/14 she continued to report benefit from physical therapy and has 3-4/10 knee pain. Physical exam reveals full range of motion, 4/5 strength and pain to palpation over the patella. Plan at that time is to refer to psychologist and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Sessions: Upheld

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

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

Decision rationale: The injured worker has had history of good benefit with 6 sessions of physical therapy in the past. According to the MTUS guidelines a total of 10 sessions are recommended for chondromalacia followed by transition to home exercise program. Consequently an additional 12 sessions is not indicated at this time in addition to the initial six sessions already completed. The injured worker did have benefit in pain level and functional capacity and a completion of full 10 sessions would however be appropriate. Given the above, the request for 12 Additional Physical Therapy Sessions is not medically necessary.