

Case Number:	CM14-0166978		
Date Assigned:	10/14/2014	Date of Injury:	08/25/2011
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Practice and is licensed to practice in 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 42-year-old female with a date of injury of August 25, 2011. Evidently she was squatting down at work when she felt a 'pop' in her left knee. Subsequently she developed pain in the left knee. Ultimately she had an MRI scan of the left knee which revealed evidence for mild iliotibial band syndrome. She had numerous acupuncture treatments and physical therapy sessions and wore a brace. She continued to have knee pain and on 5-19-2014 she had arthroscopic knee surgery whereby she had a patellar chondroplasty and limited synovectomy with plica resection. Postoperatively, it appears that she has had 12 physical therapy visits but continues to have left knee pain and atrophy of the quadriceps. The physical exam reveals a trace effusion, medial joint line tenderness, patellar tendon tenderness, and quadriceps atrophy. The diagnosis is patellofemoral syndrome. The most recent order for physical therapy came on 9-17-2014 which requested physical therapy once a week for four weeks, to include teaching of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1x4 left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Medicine Treatment

Decision rationale: Per the Official Disability Guidelines, the allotment for post- surgical physical therapy for chondromalacia of the patella is 12 visits. Pre-operatively, the injured worker appeared to have completed 8 physical therapy visits and was considered to have failed conservative therapy. It appears that she had 2 distinct rounds of physical therapy post-operatively. Round 1: 2 visits a week for 4 weeks, ordered on 5-27-2014. As of 6-7-2014 she had completed 6/8 visits. Round 2: one visit a week for 4 weeks ordered on 9-17-2014. 3 of 4 of those physical therapy visits had been completed by 10-14-2014. On this date, it appears that an additional 4 visits were requested. Because the injured worker has had nearly all of the 12 approved visits post-operatively after her surgery for chondromalacia patella, an additional 1 visit per week for 4 weeks is not medically necessary under the guidelines.