

Case Number:	CM14-0168901		
Date Assigned:	10/17/2014	Date of Injury:	03/10/2014
Decision Date:	11/19/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 claimant was injured on 03/10/14. 6 visits of PT are under review. The claimant has diagnoses of bilateral knee patellofemoral contusions and bilateral upper extremity contusions. She reportedly tripped over a child's backpack on the date of injury and fell and landed on both knees, her stomach, and her elbows and wrists. X-rays revealed minimal osteoarthritis and no fractures. She was referred for physical therapy. MRIs of both knees on 04/21/14 revealed severe chondromalacia patellae. She had also attended chiropractic and had acupuncture but both gave temporary relief. She had a second opinion orthopedic evaluation for her elbows and knees on 09/05/14. She had some quadriceps atrophy and a patellar taping program with physical therapy was recommended. She still had pain in her knees. She had no apparent discomfort going from a sitting to a standing position during the exam. Her knees are painful laterally and medially on the right knee and laterally on the left knee. The patella was tender. There was a lot of clicking in the patellofemoral joint with flexion and extension but her range of motion was good. There was no effusion. Neurologic examination was intact. She liked to do her daily exercises and was very active but she had pain which limited her exercise. Diagnoses included mild DJD (degenerative joint disease) of both knees predominantly patellofemoral and contusions of the elbows and wrists. Her knees had crepitus on the right with a trace effusion and atrophy of the right quadriceps. There was lateral joint line tenderness on the right and medial joint line tenderness on the left. Range of motion was normal. A patellar taping program in PT was recommended. She attended therapy for her elbows. She attended PT in early 2014 and made slow progress. She stated on 05/06/14 that she was frustrated with the amount of pain she was getting in her knees and her limited activity level and was trying to work out at a gym to help build her strength. She was to continue her home exercise program. She reported little benefit from therapy for her knees on 05/20/14 and had completed 11 of 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Knee/Leg Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 6 visits of PT for unknown body parts (presumable the knees, however). The claimant has attended PT for this injury, during the second quarter of 2014 and the results of the rehab are unknown. She made slow progress and also stated the PT was not helping much and she was also working out at a gym during this period of time. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes indicate that the claimant was active and there is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant remains unable to complete her rehab with an independent HEP (home exercise program) which she appears to be capable of continuing. The medical necessity of the additional 6 requested visits of therapy has not been clearly demonstrated.