

Case Number:	CM14-0172356		
Date Assigned:	10/23/2014	Date of Injury:	07/11/2014
Decision Date:	12/11/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family 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:

According to the medical records the patient is a 46-year-old female who sustained an industrial injury on July 11, 2014. On the date of the injury the patient was working as a custodian and twisted her right knee while kneeling. The patient presented for an orthopedic consultation on September 3, 2014 at which time it was noted that she injured her right knee on July 11, 2014. She has been treated at [REDACTED] with physical therapy and modified duty. She has been also treated with tramadol and Mobic. She has been referred for an orthopedic consultation as her symptoms though improved, have not resolved. On examination, the patient walked without a limp. Right knee had no effusions. Quadriceps strength was 4/5 and ROM was 0 to 135. There was patella femoral popping but no crepitus. Examination also revealed mild tenderness at the medial and lateral patellar facets and patella compression test was positive. McMurray's was negative and the knee was stable to all stress. Right knee x-rays demonstrate the patella is centered on merchant views. She was diagnosed with right patellofemoral pain syndrome and the patient was referred to therapy for HEP. She was also recommended to use Mobic and ice regularly. MRI for further evaluation was requested. If symptoms persist, cortisone injection may be of benefit. Utilization review was performed on September 18, 2014 at which time recommendation was made to modify to allow nine sessions of physical therapy as per the referenced guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial physical therapy sessions for the right knee, once to twice a week for six weeks:
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) Knee Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical Medicine Treatment

Decision rationale: According to the referenced guidelines, the recommended number of physical therapy treatments for this patient's condition is nine visits. The medical records indicate that the patient has undergone physical therapy treatments at [REDACTED]. In addition to those treatments, Utilization Review on September 18, 2014 recommended to modify to allow nine sessions of physical therapy. Nine sessions would be sufficient to address the current objective functional deficits and to educate and transfer the patient into an independent home exercise program. The request for 12 sessions of physical therapy treatments exceeds the number recommended by evidence-based guidelines. Therefore, this request is not medically necessary.