

Case Number:	CM14-0024846		
Date Assigned:	06/13/2014	Date of Injury:	05/28/2012
Decision Date:	08/05/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 30-year-old female who reported an injury on 05/28/2012. The mechanism of injury was not provided for clinical review. The diagnoses included chondromalacia of the patella and pain in joint, lower leg. Previous treatments included medication, 22 sessions of physical therapy, knee injections. Within the clinical note dated 01/07/2014, reported the injured worker was seen for a followup appointment for patellofemoral chondrosis of the left knee. There was no physical examination for clinical review. The provider requested for physical therapy for beneficial improvement in symptoms. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X A WEEK FOR 6-8 WEEKS LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: The request for physical therapy 3 times a week for 6-8 weeks of the left knee is not medically necessary. The injured worker was seen for a followup for the diagnosis of

patellofemoral chondrosis. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active, self directed home physical medicine. The guidelines note for neuralgia or myalgia, 8-10 visits of physical therapy are recommended. There is a lack of documentation including an adequate and complete physical examination demonstrating that the injured worker had decreased functional ability, decreased range of motion, and decreased strength of flexibility. The injured worker has undergone 22 sessions of physical therapy. The additional 21-24 sessions would exceed the guideline recommendations of 8-10. There is lack of documentation including the efficacy of the injured worker's prior physical therapy. Therefore, the request for physical therapy 3 times a week for 6-8 weeks for the left knee is not medically necessary.