

Case Number:	CM14-0038336		
Date Assigned:	06/27/2014	Date of Injury:	04/27/2006
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 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:

This is a 55-year-old female with a date of injury of 4/27/06. She has an initial mechanism of injury of a slip and fall, striking her left shin and twisting her knee. She later had a second accident involving the right knee. She was diagnosed with contusion and degenerative changes at the knee. She had extensive conservative care, and was declared Permanent and Stationary on 2/06/12 with a final diagnosis of bilateral knee chondromalacia patella. Future medical recommendations included re-evaluation, NSAIDS, bracing and possible injections. The patient returned in follow-up for FMC on 11/13/13 with report of persistent knee pain, and an MRI was ordered. Repeat MRI was done on 2/05/14, and showed no meniscus/ligament tear, mild arthrosis at the medial compartment, chondral softening and mild tendinosis. 2/26/14 report notes that the patient had an exacerbation of symptoms when she had a slip off a step stool on 1/07/14. The patient had been in PT for this and was improving. Recent MRI findings were noted. At this visit, the patient had 0-90 degrees of range on the left and 0-130 on the right. McMurray's is positive. Due to the recent fall and persistent symptoms, continued PT was recommended and this was submitted to UR on 2/28/14. It was reviewed in Utilization Review with an adverse decision rendered on 3/07/14. The UR report notes that the patient had completed 6 sessions of PT, and another 6 were appropriate and certified. The final requested 6 sessions of PT (12 in total were requested) were not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

An additional 12 sessions of physical therapy for the bilateral knees: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical medicine treatment.

Decision rationale: This is a patient with bilateral knee injury who was made permanent and stationary for bilateral chondromalacia patella on 2/06/12 with future medical recommendations that included PT. The patient has chronic knee pain, and had a slip and fall, causing an exacerbation of symptoms in January of 2014. Repeat MRI was done, and did not show any findings of ligament or meniscus tear, but did show degenerative findings and tendinosis. PT was done, and 6 sessions were completed. Guidelines recommend 9-12 sessions of PT for this type of knee diagnosis. Another 12 were recommended, but it was submitted to Utilization Review, which modified the request and certified 6 sessions out of the 12. Given guideline recommendations and the fact that the patient was permanent and stationary, there was no medical necessity at that juncture to consider the entire requested 12 sessions of PT for bilateral knees medically necessary.