

Case Number:	CM14-0045537		
Date Assigned:	06/27/2014	Date of Injury:	09/02/2009
Decision Date:	08/18/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 52-year-old female was reportedly injured on September 2, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated June 17, 2014 states that the injured employee has progressed well with formal physical therapy and knee symptoms are improving. The physical examination of the right knee demonstrated patellar clicking and crepitus. Range of motion was from 0 to 120. There was quadriceps atrophy noted. The diagnostic imaging studies reported a right knee anterior cruciate ligament (ACL) tear and a left knee medial and lateral meniscus tear. Previous treatment includes eight sessions of physical therapy for right knee patellofemoral syndrome. A request was made for eight physical therapy sessions and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 Therapy, updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines nine visits of physical therapy are recommended for anterior knee pain such as patellofemoral syndrome and chondromalacia of the patella. According to the progress note the injured employee has completed eight visits of physical therapy and has progressed well. Without specific justification this request for an additional eight visits of physical therapy for the right knee is not medically necessary.