

Case Number:	CM14-0063902		
Date Assigned:	07/11/2014	Date of Injury:	03/19/2012
Decision Date:	10/31/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/05/2014

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 Arizona. 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 patient is a 34 year old female with a date of injury on 3/19/2012. Diagnosis is of chondromalacia patella. Subjective complaints are of right patellar knee pain. The patient denied instability or limited ability to walk. Physical exam showed pain with movement and peripatellar crepitus. Strength and sensation were normal. Active patellar grind and patellar glide were abnormal on the right. Anterior drawer, Lachman and posterior drawer test were negative. Submitted records indicate that patient had completed 6 physical therapy sessions. Request is for continuation of physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Twice a week for four weeks for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 01/20/14), Physical Medicine Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Therapy

Decision rationale: The Official Disability Guidelines recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The Official Disability Guidelines recommends 9 visits over 8 weeks for chondromalacia of the patella. Submitted records identify at least 6 prior physical therapy sessions. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial at this point in the patients care. Therefore, the request for 8 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.