

Case Number:	CM14-0068595		
Date Assigned:	07/14/2014	Date of Injury:	10/22/2013
Decision Date:	08/11/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 44-year-old female with a work injury dated 10/22/13. The diagnoses include chondromalacia of the patella and patellar tendonitis of the bilateral knees. Under consideration is a request for physical therapy for the bilateral knees, 6 -16 visits (1-2 times per week for 6-8 weeks). The documentation submitted reveals an 11/6/13 MRI of the right knee without contrast revealed intact cruciate ligaments, mild intrasubstance degeneration of the medial meniscus with no tear and no discrete osseous abnormality. An MRI of the left knee (without contrast) revealed, intact cruciate ligaments, no meniscal tear, mild chondromalacia of the anterior compartment and no osseous abnormality. The documentation submitted does not reveal recent office notes or physical exam findings. There are no documents from the patient's physical therapy. There are 2 prescriptions for physical therapy. The first is dated 5/28/13, which requests physical therapy (PT) 1-2 times per week for 6-8 weeks. The second is dated 4/14/14, which requests PT 1-2 times per week for 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR B KNEES-6-16 VISITS (1-2XWK X 6-8 WKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine pages 98-99 Page(s): 98-99.

Decision rationale: A request for PT for the bilateral knees, 6 -16 visits (1-2 times per week for 6-8 weeks) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend up to 10 visits for this condition. An additional 6-16 would exceed this recommendation. The documentation submitted reveals no evidence of prior therapy notes and no office visits were submitted. There is no evidence on documentation of extenuating circumstances that would warrant additional PT. The request for PT for the bilateral knees, 6 -16 visits (1-2 times per week for 6-8 weeks) is not medically necessary.