

Case Number:	CM14-0069427		
Date Assigned:	07/14/2014	Date of Injury:	09/16/2013
Decision Date:	08/11/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/14/2014

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 58 year-old female Factory Assembler sustained an injury on 9/16/13 from a slip and fall while employed by [REDACTED]. Request under consideration include Physical therapy right knee. Diagnoses include Right Knee contusion; chondromalacia of patella. Conservative care has included physical therapy (7 sessions per USHW 10/2013), acupuncture, light duty, and medications. The patient has attended 6 therapy sessions to date with current request for 8 sessions. Report of 10/2/13 from a provider noted the patient with follow-up for right knee sprain which has not improved. Exam showed tenderness to palpation with valgus stress; positive McMurray's; limp on right knee; sensation and motor function are full throughout. Diagnoses was right knee sprain with treatment for Motrin and continue with therapy M,W,F. The patient remained on work restrictions. MRI of right knee dated 10/21/13 showed severe chondromalacia. Report from chiropractic provider dated 3/10/14 noted subjective undefined right knee pain with grinding, catching. Exam showed normal gait, patella tenderness with crepitus. Diagnosis was chondromalacia with treatment for continued acupuncture, and active therapy 8 sessions. Physical therapy report of 4/22/14 noted patient with pain rated at 5-6/10. There was RFA for 8 additional therapy sessions with 7 procedures per visit. There was subsequent RFA dated 5/9/14 to repeat for additional 6 sessions with again multiple procedures at each visit. The request for Physical therapy right knee was non-certified on 4/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-9. Decision based on Non-MTUS Citation Official Disability Guidelines (preface).

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

Decision rationale: Physical therapy (PT), is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy Right Knee is not medically necessary and appropriate.