

Case Number:	CM14-0097234		
Date Assigned:	07/28/2014	Date of Injury:	05/28/2010
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/25/2014

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:

The injured worker is a 33 year old female who suffered a work-related injury on May 28, 2010. This occurred when she was lifting boxes and turned and injured her knee. The injured worker underwent peripatellar synovectomy and lateral patellar release on August 19, 2010. She also underwent surgery of the left tibial tubercle with lateral patella release on November 15, 2012. She underwent 40 sessions of postoperative physical therapy and was transitioned to a home exercise program. The injured worker also underwent removal of painful retained hardware in the left tibial tubercle and scar revision on 8/29/13. The treating physician note dated 6/17/14 indicated that the injured worker follow-up regarding her left knee pain. Physical examination showed left knee range of motion to be 1-130 degrees passive motion and 5-120 degrees with active motion. No meniscal symptoms could be elicited and patellofemoral joint was non-tender and showed no crepitus. Impression included chondromalacia patellae and plan included to continue with exercise and use of knee brace with prolonged activity as well as use of topical non-steroidal anti-inflammatory medication. The injured worker received physical therapy from 4/21/14 to 6/2/14 for increasing range of motion and strength. This was for 2x/week for 6 weeks. Physical therapy evaluation dated 4/1/14 indicated that goals entailed independence with home exercise program, restore strength and decrease pain. Treating physician note dated 4/22/14 indicated that the plan was to complete physical therapy and transition to home exercise program with gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 2X4: 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-Physical Medicine.

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

Decision rationale: The injured worker has a history of recurrent knee pain and diagnosis of chondromalacia patellae. She has undergone comprehensive physical therapy subsequent to her initial knee surgeries in 2010 and 2012. She has also recently undergone physical therapy for a total of 12 visits from 4/21/14 to 6/2/14 with a goal of transitioning to an independent exercise program. Treating physician and physical therapy notes indicate no significant decline in function or range of motion after the conclusion of this physical therapy. Additionally, the most recent progress note dated 6/17/14 indicated that the plan was for continued exercise and use of knee brace with prolonged activity. Further physical therapy is unlikely to produce significant benefits and the injured worker should be performing an independent exercise program at this point in time to maintain her strength and function and decrease her symptoms. Therefore, the requested additional physical therapy is not medically necessary and appropriate.