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| Case Number: | CM14-0200614 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 10/09/2012 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Pennsylvania. 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 24-year-old female who reported an injury on 10/09/2012. The mechanism of injury reportedly occurred when the patient fell onto a pallet with the majority of the weight falling onto her anterior right knee. Her diagnoses is right knee lateral patellar subluxation syndrome. Her past treatments have included medications, work restrictions, work hardening program, 24 previous physical therapy sessions for the right knee, bracing, and occupational therapy. Diagnostic studies include an MRI of the right knee without contrast performed on 08/07/2014 read by [REDACTED] with findings of subtle chronic appearing subchondral defect at the lateral patella as described below, no underlying chondromalacia patella; otherwise, normal MRI of the right knee. Her surgical history was noncontributory. On 10/20/2014, the injured worker presented with right knee pain rated a 9/10. Upon physical examination of the right knee, tenderness to the right knee was noted, there was a positive patellofemoral compression test, it was also noted that the injured worker favored the left lower extremity with ambulation. Her current medication was noted as tramadol ER 150 mg. The treatment plan included a request for right knee arthroscopic chondroplasty patella and lateral retinacular release, a trial for a TENS unit, a request for naproxen, pantoprazole, and tramadol ER. The rationale for the request was that the right knee condition was refractory to extensive conservative treatment and the condition was worsening with decline in activity and function. Additionally, there was a concern in regards to instability and near falls. A Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Physical medicine treatment.

Decision rationale: The request for physical therapy 3x4 is not medically necessary. The injured worker has a right knee pain. The Official Disability Guidelines recommend physical therapy only with appropriate conditions. There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline; 1) as time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; 2) the exclusive use of "passive care" "in other words passive modalities" is not recommended; 3) home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; 4) use of self- directed home therapy will facilitate the fading of treatment frequency, from several visits per week after the initiation of therapy to must less towards the end; 5) patients should be formally assessed after a 6 visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy; and 6) when treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. The injured worker presented on 10/20/2014 with complaints of right knee pain rated a 9/10. However, the documentation failed to include evidence of current functional deficits such as decreased range of motion/decreased motor strength or evidence of objective functional improvement with previous therapy. Additionally, the request as submitted failed to indicate the body part to which physical therapy is requested. Moreover, the previous number of physical therapy sessions in combination with the number of requested visits exceeds the guideline recommendations. Additionally, there are no exceptional factors to justify additional supervised visits over a home exercise program. Given the above information the request is not supported by the evidence based guidelines. As such, the request for a physical therapy 3 x 4 is not medically necessary.