

Case Number:	CM14-0090034		
Date Assigned:	07/23/2014	Date of Injury:	10/22/2013
Decision Date:	01/26/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/14/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 44 year old female who was injured on 10/22/2013 while squatting multiple times while wearing high heels. She was diagnosed with bilateral chondromalacia of the patella and bilateral patellar tendonitis. She was treated with physical therapy (at least 18 approved sessions, unknown number of completed sessions), ice, medications, and knee supports. She was seen by her treating physician on 5/28/14 for a follow-up reporting worsening pain. She also reported inadequate physiotherapy. Physical examination findings included crepitus, normal range of motion, and pain with terminal range of motion of bilateral knees. She was then recommended to complete more physical therapy for her knees and to work modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy- unknown number of treatments (Bilateral knees): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the

goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, many months after her injury and after physical therapy (unknown number of completed sessions, however, as not included in the documents available for review), she continued to experience bilateral knee pain. There was no documented report of any home exercises being performed and how capable she was at doing them, which is usually recommended at this stage past her injury. There was no indication of the worker requiring more supervised passive physical therapy based on the evidence provided for review. Also, there were not a number of sessions requested. Therefore, considering the above reasons, the physical therapy is not medically necessary.