

<b>Case Number:</b>	CM15-0004225		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 female patient, who sustained an industrial injury on 02/13/2013. A comprehensive orthopedic evaluation dated 10/14/2014 reported objective findings of range of motion flexion right side at 135 degrees and left side at 135 degrees; bilateral extension showed 180 degrees. The right thigh is noted measuring 43 cm, has 2 plus tenderness over the pes bursa with some tenderness along the medial joint line. The patient is also found with 2 plus patellofemoral crepitation bilaterally and both patellae are laterally subluxed. She is diagnosed with chondromalacia of the patella versus a small medial meniscus tear. The plan of care involved performing an magnetic resonance imaging with gadolinium to rule out a medial tear versus chondromalacia of the patella. A progress note on October 14, 2014 indicated the claimant received physical therapy in 2013. On 12/31/2014 Utilization Review non-certified the request for physical therapy twice weekly for 6 weeks treating the left knee, noting the CA MTUS guidelines physical medicine therapy was cited. The injured worker submitted an application for IMR for review of the services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for six weeks for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee pain and therapy.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified, 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. According to the OGD guidelines, knee therapy for chondromalacia /meniscal injury is limited to 9 visits over 8 weeks. In this case, the amount of prior therapy completed is unknown. The amount request (12 sessions) exceeds the amount recommended by the guidelines above. There is no indication that therapy cannot be completed at home, The request for additional therapy is not medically necessary.