

Case Number:	CM15-0009300		
Date Assigned:	01/20/2015	Date of Injury:	09/16/2013
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old female, who sustained an industrial injury on 09/16/2013. The diagnoses have included severe chondromalacia patella of the right knee and patellofemoral tracking syndrome. According to the Utilization Review report, the injured worker has attended at least 14 physical therapy treatments to date. Diagnostics to date have included a Functional Capacity Evaluation dated 11/20/2014 which showed that the injured worker is unable to return to regular work duties and able to work 4 hours per day with restrictions. There were no progress notes in received medical records. Utilization Review determination on 12/17/2014 non-certified the request for Physical Therapy Right Knee citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy RT(right) Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. A review of the injured workers medical records that are available to me does not show a clinical presentation that would warrant deviating from the guidelines, She has already attended 14 sessions of physical therapy and therefore based on the injured workers clinical presentation and the guidelines the request for physical therapy RT (right) knee is not medically necessary.