

Case Number:	CM15-0106418		
Date Assigned:	06/10/2015	Date of Injury:	09/06/2002
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/02/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year old female, who sustained an industrial injury on 9/6/02. The injured worker has complaints of left knee pain. The documentation noted that the injured worker has tenderness over medial joint line and patellar tendon, left knee and crepitus under patella left knee. The diagnoses have included chondromalacia medial femoral condyle, left knee; tear lateral meniscus, left knee and status post arthroscopy left knee with partial lateral meniscectomy with minimal chondroplasty, medial femoral condyle. Treatment to date has included X-rays of the left knee showed joint space narrowing medial to about 4 millimeter and laterally, 6 millimeter and ibuprofen, tramadol and methocarbamol. The request was for 16 sessions of physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 16 sessions physical therapy left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chondromalacia medial femoral condyle left knee; tear lateral meniscus left knee; status post arthroscopy left knee with partial lateral meniscectomy with minimal chondroplasty, medial femoral condyle (date of surgery January 20, 2003). Subjectively, the workers taking no medication and has no new injuries. The injured worker is not attending physical therapy and the patient is working. The pain level is 8/10. Objectively, there is tenderness over the medial joint line and patellar tendon left knee. There is a positive McMurray's maneuver. There is crepitus under the left knee patella. There are no physical therapy progress notes indicating objective functional improvement. The total number of physical therapy sessions is not documented in the medical record. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. The guidelines allow a six visit clinical trial and with evidence of objective functional improvement, additional physical therapy may be clinically indicated. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation with evidence of objective functional improvement from prior physical therapy, documentation stating the injured worker is not attending physical therapy and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is warranted, 16 sessions physical therapy left knee is not medically necessary.