

Case Number:	CM15-0108220		
Date Assigned:	06/12/2015	Date of Injury:	09/23/2011
Decision Date:	07/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 09/23/2011. He reported an injury to his left knee. On 04/16/2014, he underwent left knee arthroscopic partial lateral meniscectomy and chondroplasty of the patellofemoral joint. According to a progress report dated 01/20/2015, problems included chondromalacia of patella, articular cartilage disorder of shoulder region, shoulder pain, knee pain, subacromial impingement and patellar tendonitis. The injured worker reported that his knee was about the same. He was unable to do physical therapy due to the flu. He had pain over the anterior aspect of the knee and the inferior pole of the patella tendon. He had not been in physical therapy and was not using an anti-inflammatory. Diagnoses included pain in joint lower leg and patellar tendinitis. The treatment plan included topical compound cream and physical therapy. According to a consult note dated 04/21/2015, diagnoses included patellar tendonitis and chondromalacia of patella. Subjective complaints and objective findings were not addressed. The provider noted that the injured worker would get a topical anti-inflammatory and would have physical therapy. Currently under review is the request for physical therapy 2 times a week for 4 weeks to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks to the left knee: Overturned

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 Page(s): 98-99.

Decision rationale: The patient presents on 04/21/15 with unspecified left knee complaints. The patient's date of injury is 09/23/11. Patient is status post left knee arthroscopy with partial lateral meniscectomy and chondroplasty on 04/16/14. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE LEFT KNEE. The RFA was not provided. Progress note dated 04/21/15 does not include any physical examination findings, only a review of patient history, medications, and a discussion regarding physical therapy. The patient is currently prescribed topical compounded cream containing Dicofenac, Baclofen, Bupivacaine, Ibuprofen, and Pentoxifylline. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Concerning the request for 8 sessions of physical therapy for this patient's knee complaint, the request is appropriate. Progress notes indicate that this patient was approved for a course of physical therapy directed at his chronic knee pain consisting of 6 sessions in January 2015. However, the patient was unable to attend any appointments due to being sick with the flu and the authorization has since expired. A careful review of the documentation provided does not include any evidence of PT progress notes, or discussion of prior PT attendance. It appears that the purpose of the 04/21/15 progress note is to seek renewal of the previously authorized physical therapy treatments, which were never carried out. Given this patient's presentation, and a lack of physical therapy to date, 8 sessions falls within guidelines and could produce benefits for this patient. The request IS medically necessary.