

Case Number:	CM15-0131043		
Date Assigned:	07/17/2015	Date of Injury:	05/28/2012
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 25-year-old female, who sustained an industrial injury on 5/28/12. Initial complaints were of her left knee and left ankle and foot. The injured worker was diagnosed as having patella instability left knee; left ankle instability; left foot/ankle complex regional pain syndrome. Treatment to date has included physical therapy; epidural steroid injection; medications. Diagnostics studies included MRI left knee (5/10/15). Currently, the PR-2 notes dated 5/28/15 indicated the injured worker is being seen in this office as a follow-up examination of her left knee. She reports there has been no change in the progress. Objective findings are documented reporting that for the past two weeks she has been feeling numbness in the bilateral lower extremity and pain to the lumbar spine. An MRI scan of the left knee has been obtained and is reviewed on this visit indicating patella instability. The provider's treatment plan includes a request for physical therapy to regain strengthening and stability of the left knee, urine toxicology screening and a follow-up examination in six weeks. A PR-2 note dated 4/13/15 is the initial orthopedic evaluation and is much more detailed in explaining the injured worker's symptoms and physical examination. It reports she complains of persistent left knee pain, swelling and locking. She complains of persistent left foot and ankle pain and swelling. She walks with a left antalgic gait. Examination of the left knee reveals a moderate intra-articular effusion about the knee. Pain is elicited to palpation over the medial joint line of the knee with patella tracking laterally within the trochlear notch when seated and the knee is flexed 90 degrees. Patella apprehension sign is positive. The patella is tracking laterally within the trochlea of the femur during flexion/ extension of the knee. Patella grind test is positive with moderate

patella crepitus. Her range of motion is full, McMurray's sign, Steinmann's test, Apley's compression and distraction tests are positive. Sensation is intact. Motor strength, deep tendon reflexes and circulation are normal bilaterally. The left foot and ankle examination reveal marked tenderness to gentle palpation consistent with complex regional pain syndrome. Range of motion of the foot and ankle is full. Movement of all digits is normal with a positive anterior drawer sign. Sensation is intact, motor strength, deep tendon reflexes and circulation is normal. There are no signs of vasomotor instability. The provider is requesting authorization of physical therapy for the left knee 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in May 2012 and is being treated for left knee pain. When seen, an MRI of the left knee was reviewed and had shown findings consistent with patellar instability. Prior treatments had included physical therapy and an epidural injection. The claimant's BMI is nearly 30. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. For the treatment of chondromalacia, 9 visits over 8 weeks could be recommended. In this case, the number of visits requested is in excess of either of these recommendations. The request was not medically necessary.