MAXIMUS Federal Services

Case Number:	CM15-0133403		
Date Assigned:	07/21/2015	Date of Injury:	03/14/2013
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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 37 year old female who sustained an industrial injury on 03/14/2013. Mechanism of injury occurred when with weight on the left leg she pushed chair with right foot and leg towards the wall she felt pinch to her left knee which increased in pain. Diagnoses include patellofemoral syndrome and plica syndrome of the left knee. Treatment to date has included diagnostic studies, medications, surgery and 26 physical therapy sessions, 12 sessions of physical therapy in 2015, and a cortisone injection which made her pain worse. She is working light duty. She currently is not taking any medications. A physician progress note dated 06/05/2015 documents the injured worker has mild tenderness to palpation over the medial patella. She is in no apparent distress. Physical therapy has helped in the past. Treatment requested is for Outpatient Physical Therapy for the Left Knee two (2) times a week for three (3) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy for the Left Knee two (2) times a week for three (3) weeks: 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.

Decision rationale: The claimant sustained a work injury in March 2013 and underwent resection of a left knee plica when she underwent arthroscopic surgery in September 2013. Treatment included postoperative physical therapy. In 2015 and additional 12 physical therapy treatment sessions were provided. When seen, she was getting better and exercising. She was writing an exercise bike. Physical therapy had been helpful. Physical examination findings included mild medial patellar tenderness. An additional six physical therapy treatment sessions were requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy and was exercising on her own. Patients are expected to continue active therapies and ongoing compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. In this case, the number of visits requested is in excess of what might be needed to revise the claimant's home exercise program and would not reflect a fading of treatment frequency. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.