MAXIMUS Federal Services

Case Number:	CM15-0137095		
Date Assigned:	07/27/2015	Date of Injury:	05/30/2013
Decision Date:	10/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/15/2015

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: California, Hawaii
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:

This 51 year old female sustained an industrial injury to the knee on 5-30-13. Previous treatment included left knee arthroscopy (April 2014), physical therapy, aqua therapy, h-wave and medications. Documentation did not disclose the amount of previous physical therapy. In a progress report dated 5-29-15, the injured worker complained of ongoing mid and low back and bilateral knee pain. The injured worker reported that her pain had worsened since her last office visit. The physician stated that physical therapy was too much for the injured worker at this time. The injured worker was awaiting authorization for aqua therapy. In a progress note dated 6-30-15, the injured worker had noted improvement in pain but continued to have intermittent, occasional sharp knee pain and anterior knee pain when driving, sitting and when using stairs. The injured worker had undergone another magnetic resonance imaging left knee in December 2014 that showed patellofemoral chondromalacia without tears in the meniscus or ligaments. Physical exam was remarkable for left knee with tenderness to palpation to the patella, medial joint line, lateral joint line and patellar tendon with patellofemoral crepitus, positive patella grind and normal range of motion. Current diagnoses included left knee intrapatellar tendinitis and patellofemoral chondromalacia. The injured worker refused a Cortisone injection. The treatment plan included physical therapy twice a week for six weeks.

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 6 weeks (12) for the left leg with submitted diagnosis of pain left leg as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The patient presents with low back and left knee (knee cap) pain. The current request is for Physical Therapy 2 times a week for 6 weeks (12) for the left leg with submitted diagnosis of pain, left leg as an outpatient. The treatment report making the request was not made available. Medical records show that she has attended 6 aquatic therapy sessions and 12 physical therapy sessions recently. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The Physical therapy report dated 04/13/2015 (45B) notes that the patient tolerated treatment with mild complaints of pain and difficulty. In this case, the patient has received 6 aquatic therapy and 12 physical therapy sessions recently. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.