

Case Number:	CM15-0139678		
Date Assigned:	07/29/2015	Date of Injury:	04/28/2014
Decision Date:	08/27/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/20/2015

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, 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 53 year old female who sustained an industrial injury on April 28, 2014. She had developed bilateral knee pain when she had to rappel a squat band and twist at work. She actually tripped at work. She has reported pain in both knees and has been diagnosed with symptomatic chondromalacia and degenerative arthrosis of knees, right knee medial meniscus tear, and rule out left knee medial meniscus tear. Treatment has included medical imaging, medications, and physical therapy. The injured worker walked with the right lower extremity antalgic gait. Range of motion to the right and left knee were decreased. There was trace effusion to the left knee. There was medial patella facet tenderness and lateral patella facet tenderness. There was medial joint line tenderness. There was a medial McMurray test that was positive and a positive lateral McMurray test. The treatment plan included a MRI, physical therapy, and follow up. The treatment request included physical therapy 3 x week x 4 weeks for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x Wk x 4 Wks of bilateral knees: Upheld

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

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

Decision rationale: This patient has chondromalacia patella of the knees as well as degenerative changes noted on x-rays. In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The claims administrator has noted 19 prior session of PT without clear documentation of functional outcome. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Therefore additional physical therapy is not medically necessary.