

Case Number:	CM15-0143345		
Date Assigned:	08/04/2015	Date of Injury:	06/07/2015
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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 19 year old female, who sustained an industrial injury on June 07, 2015. The injured worker reported that while pushing carts her right knee popped and dislocated. The injured worker was diagnosed as having dislocation of the knee not otherwise specified, recurrent and recent right patellar dislocation non work related, osteochondritis dissecans non work related, and status post bone graft of the right knee non work related. Treatment and diagnostic studies to date has included medication regimen, physical therapy, functional capacity evaluation, home exercise program, use of crutches, use of ice, use of an Ace wrap, x-ray, and status post closed reduction of the right knee. In a progress note dated June 22, 2015 the treating physician reports complaints of right knee pain. Examination reveals tenderness to the medial patella region and swelling along with a positive grab test. The medical records provided noted completion of at least eight physical therapy sessions that were initiated prior to the work injury and continued after the work injury as indicated on a physical therapy progress note from June 15, 2015. This progress note indicated that the injured worker was unable to tolerate strengthening of the right lower extremity secondary to right knee pain. The documentation did not indicate if the injured worker experienced any functional improvement from these physical therapy sessions. The treating physician requested physical therapy two times a week for four weeks for a total of eight sessions with the treating physical therapist noting that the injured worker would benefit from lower extremity strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times weekly for 4 weeks for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in June 2015 and is being treated for chronic right knee pain. She had previously been treated for a patellar dislocation. She had eight physical therapy treatment sessions between May and June 2015. When seen, she had completed therapy and was having ongoing discomfort. There had been three patellar dislocations. Physical examination findings included medial patellar tenderness and swelling. Authorization for surgery and eight additional physical therapy treatments was requested. Guidelines recommend up to 9 therapy treatment sessions over 8 weeks for the treatment of this condition. In this case, the number of additional treatments being requested is in excess of the guideline recommendation and, despite completion of eight prior therapy treatments, her condition appears unimproved and surgery was being requested. This request for additional physical therapy was not medically necessary.