

Case Number:	CM15-0163061		
Date Assigned:	09/08/2015	Date of Injury:	01/12/2012
Decision Date:	10/07/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/19/2015

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, Indiana, New
 York Certification(s)/Specialty: Internal Medicine

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 (IW) is a 27 year old female who sustained an industrial injury on 01/12/2012. She reported falling on her left knee. The knee popped and became swollen and she noted her kneecap had shifted. The injured worker was diagnosed as having chronic patellar tendinosis, stretching of the medial retinaculum and medial patella femoral ligament left knee. Treatment to date has included MRI (02-08-2012) and (01-12-2012) both of which showed intact medial collateral ligament, and intact ACL-PCL and intact menisci. The worker had 3-4 months of physical therapy, and was administered one cortisone injection in the knee 1-2 months post injury which was not beneficial. She continued to experience pain and swelling in the left knee. Currently, the injured worker is situation post knee arthroscopy with lateral retinacular release and patella chondroplasty on the left knee. As of June 4, 2015, she had completed 9 physical therapy sessions (inclusive of her evaluation session) post arthroscopic surgery. In the June 30 2015 visit, the wound was noted to be well healed with no evident lymphedema, a normal neurologic exam, and no signs of deep vein thrombosis. Motion and strength were not assessed. On July 20, 2015, a functional assessment states: "the clinical exam shows the patient's range of motion has improved but is still limited. Knee flexion increased from 100 degrees to 110 degrees with extension remaining the same at -10 degrees". The treatment recommendation was for at least 12 more sessions of physical therapy for her knee to increase range of motion and strength. A request for authorization was submitted for 18 sessions of physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 18 physical therapy sessions left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post knee arthroscopy with lateral retinacular release and chondroplasty left knee, now with flexion contracture. Date of injury is January 12, 2012. Request for authorization is July 9, 2015. According to a physical therapy summary stated May 13, 2015, the injured worker was receiving physical therapy visit #9. An appeal letter from the treating provider dated July 22, 2015 states the injured worker is unable to straighten the left knee and requires aggressive physical therapy. According to a progress note dated June 5, 2015, is worker has minimal pain, but is not walking with a straight leg and has a flexion contracture. Utilization review indicates a letter was sent to the provider requesting additional information regarding total number of physical therapy sessions and documentation demonstrating objective functional improvement. There was no reply. The total number of physical therapy sessions is not specified in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. The injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program directing treatment to the left knee. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating total number of physical therapy sessions, no documentation demonstrating objective functional improvement from prior PT and no compelling clinical facts indicating additional physical therapy is clinically indicated (over and above the recommended guidelines), 18 physical therapy sessions left knee is not medically necessary.