

Case Number:	CM15-0169399		
Date Assigned:	09/10/2015	Date of Injury:	02/26/2015
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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 40 year old male, who sustained an industrial injury on February 26, 2015. He reported whole body achiness including bilateral knee pain. The injured worker was diagnosed as having knee and leg strain. Treatment to date has included physical therapy, heat, cold compress and diagnostic studies. On July 14, 2015, the injured worker complained of persistent left knee pain. He was noted to be progressing with physical therapy but he remained to be somewhat symptomatic. He was noted to complete twelve sessions of physical therapy. The treatment plan included continuing physical therapy two times a week for four weeks, modified work duty and a follow-up visit. On July 29, 2015, utilization review denied a request for physical therapy two times 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 x a week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 February 2015 and continues to be treated for left knee pain with a diagnosis of patellofemoral chondromalacia. He was evaluated for physical therapy on 03/12/15. As of 06/26/15 he had completed 12 treatment sessions. Additional physical therapy was provided and, as of 07/13/15 and additional six treatments were provided including documentation of compliance with a home exercise program. When seen, he was having persistent left knee pain. Physical examination findings included patellofemoral tenderness with normal knee range of motion. Additional physical therapy is being requested. In terms of physical therapy for this condition, guidelines recommend up to 9 treatment sessions over 8 week. The claimant has already had physical therapy including instruction in a home exercise program. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.