

Case Number:	CM15-0181966		
Date Assigned:	09/23/2015	Date of Injury:	08/07/2010
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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, 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 is a 46 year old female, who sustained an industrial injury on 8-7-10. Medical record indicated the injured worker is undergoing treatment for tendinitis of left patellar tendon, strain of lumbar region, left knee contusion, lumbar radiculopathy, major depression, edema of lower extremity, chronic pain, generalized anxiety disorder, long term opioid therapy and history of lumbar surgery. Treatment to date has included lumbar interbody fusion (3-11-14), oral medications and activity modifications. (MRI) magnetic resonance imaging of left knee performed on 7-2-15 revealed degenerative appearing medial meniscus with tear and mild medial compartment chondromalacia. Currently on 8-3-15, the injured worker complains of left knee pain and entire left leg always hurts. She is not currently working. On 8-3-15 physical exam of left knee revealed tenderness of distal pole to palpation and along patella tendon, mild lateral joint line tenderness and an antalgic gait. The treatment plan noted she may benefit from formal physical therapy for a patellofemoral program and a request for authorization for the same (8 sessions) was submitted on 8-14-15. On 8-19-15 utilization review modified a request for 8 physical therapy sessions to 2 sessions to support functional improvement and decrease in pain, re-education in a prescribed self-administered program and assessment of compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for a patellofemoral program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy for a patellofemoral program 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 therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's a working diagnosis is tendinitis of the left patellar tendon. Date of injury is August 7, 2010. Request for authorization is August 18, 2015. According to an initial consultation with an orthopedist for the left knee dated August 3, 2015, the injured worker has ongoing knee pain for approximately 5 years. There is pain with walking. Objectively, the entry worker had an antalgic gait. Range of motion is normal, but there is tenderness to palpation at the patella tendon. There is medial and lateral joint line tenderness. An MRI of the left knee showed degenerative changes. The treating provider indicates the injured worker may benefit from a patellofemoral program. The treating provider did not request a specific number or frequency of physical therapy sessions. The guidelines recommend a six visit clinical trial. With documentation showing objective functional improvement, additional physical therapy may be clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no request for a specific number of physical therapy sessions and no documentation of a six visit clinical trial, physical therapy for a patellofemoral program is not medically necessary.