

<b>Case Number:</b>	CM15-0186913		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/17/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 34 year old male, who sustained an industrial injury on 4-17-15. The injured worker is being treated for chondromalacia of patellae, internal derangement of left knee and bilateral patellar tendonitis. (MRI) magnetic resonance imaging of left knee performed on 6-25-15 revealed tear of meniscus and chondromalacia. Treatment to date has included at least 5 Physical therapy visits (which he continued to progress weights in tolerance), home exercise program, chiropractic therapy (discontinued as treatments were making symptoms worse) and activity modifications. On 8-26-15 the injured worker complained of continued soreness in the patella and noted taping helped and on 9-9-15, the injured worker complains of pain and popping in the left knee and the right knee is getting sore as well. Physical exam performed on 8-26-15 and 9-9-15 revealed full range of motion of bilateral knees with no swelling or effusion, no joint line tenderness and he is able to squat; there was positive patellar crepitation of left knee and tenderness to palpation at the distal pole of the patella of the left knee. The treatment plan included request for additional physical therapy 2 times a week for 2 weeks. On 9-14-15, utilization review non-certified a request for additional physical therapy 2 times a week for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 times a week for 2 weeks left knee:** Overturned

**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 April 2015 and is being treated for bilateral knee pain due to repetitive squatting, pivoting, and lifting with a diagnosis of patellofemoral syndrome. As of 08/28/15 he had completed 5 physical therapy treatments. When seen, he was at modified work. He had knee crepitus and tenderness. His body mass index is over 31. Additional physical therapy was requested. In terms of physical therapy for patella-femoral syndrome, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the claimant has had a partial course of physical therapy but has ongoing pain and has not returned to unrestricted work. He has co-morbid obesity. The requested number of additional post-operative therapy visits remains within accepted guidelines and is considered medically necessary.