

Case Number:	CM15-0192963		
Date Assigned:	10/07/2015	Date of Injury:	05/06/2014
Decision Date:	11/13/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	10/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male, who sustained an industrial injury on 05-06-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right knee strain and contusion with patellofemoral chondromalacia and subluxation, and patella chondromalacia and ACL sprain. Medical records (02-06-2015 to 07-22-2015) indicate ongoing intermittent moderate right knee pain associated with slight swelling, popping and a giving-way sensation. Pain levels were not rated on a visual analog scale (VAS). Records also indicate improving activities and level of function as he was able to return to work after undergoing physical therapy. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 07-22-2015, revealed right knee pain with pre-patellar compression and lateral patella subluxation when knee moves from flexion to extension, patellofemoral crepitus with range of motion, pain with squatting, and positive medial collateral ligament laxity testing. Relevant treatments have included: 10 sessions of physical therapy (PT) which was reported to be helpful with range of motion and flexibility and decreasing pain, work restrictions, and pain medications. The PR and request for authorization (07-22-2015) shows that the following therapy was requested: 8 sessions (2x4) of physical therapy for the right knee. The original utilization review (09-03-2015) non-certified the request for 8 sessions (2x4) of physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions, 2 times a week for 4 weeks, for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The Chronic Pain Guidelines allow for 8-10 visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic May 2014 injury. It appears the patient made some progress with therapy and is working modified; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines and should have been previously instructed on an independent home exercise program. The 8 physical therapy sessions, 2 times a week for 4 weeks, for the right knee is not medically necessary and appropriate.