

Case Number:	CM15-0203703		
Date Assigned:	10/20/2015	Date of Injury:	01/21/2014
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/16/2015

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 45 year old male, who sustained an industrial injury on 01-21-2014. A review of the medical records indicates that the worker is undergoing treatment for patellar instability of the right knee. Subjective complaints (07-01-2015, 08-12-2015 and 09-23-2015) included right knee pain. A physician progress note dated 05-20-2015 notes that the injured worker had completed 6 visits of physical therapy for the right knee and continued to have pain and quadriceps muscle weakness. A qualified medical examiner (QME) report dated 07-18-2015 noted that the injured worker should be approved for 12 sessions of physical therapy for the right knee. Objective findings (07-01-2015, 08-12-2015 and 09-23-2015) of the right knee revealed improved patellofemoral alignment, tenderness at the patellar femoral joint, painful crepitus and tenderness at the patella, pain with certain movements and tightness in flexion. Treatment has included pain medication and at least 19 sessions of physical therapy for the right knee. The physician noted that QME had approved 12 additional physical therapy sessions on 7-18-2015 and that if the worker was not better after 12 additional physical therapy sessions, he would be reevaluated for surgery. Progress with physical therapy was noted to have been very slow and there was no evidence of significant pain relief or objective functional improvement with prior visits. A utilization review dated 10-06-2015 modified a request for physical therapy of the right knee from 2 times per week for 6 weeks to certification of physical therapy of the right knee 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6 Wks 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 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, physical therapy two times per week times six weeks to the right 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 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 patellar dislocation; and chondromalacia. The date of injury is January 21, 2014. Request for authorization is September 30, 2015. The injured worker is status post medial and lateral meniscectomy of the right knee December 8, 2012. The injured worker sustained a patella dislocation on the date of injury. According to the progress note dated April 29, 2015, the injured worker completed one of four physical therapy sessions. According to a physical therapy progress note dated May 18, 2015, the injured worker completed six authorized physical therapy sessions. According to the September 23, 2015 progress note, subjective complaints are notable for an increase in strength but continues to feel weakness. Objectively, there is tenderness at the patellofemoral joint with full range of motion. The guidelines recommend nine physical therapy visits over eight weeks for dislocation of the patella. The injured worker was authorized six visits (according to the progress note documentation). The treating provider is requesting an additional 12 sessions of physical therapy (in excess of the recommended guidelines for nine). There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines as clinically indicated. The injured worker is engaged in a home exercise program according to the July 1, 2015 progress note. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no compelling clinical facts indicating additional physical therapy over the recommended guidelines (nine sessions over eight weeks) is clinically indicated and documentation indicating the injured worker is engaged in a home exercise program, physical therapy two times per week times six weeks to the right knee is not medically necessary.