

Case Number:	CM15-0216449		
Date Assigned:	11/06/2015	Date of Injury:	04/14/1997
Decision Date:	12/18/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/03/2015

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: Emergency 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 53 year old female, who sustained an industrial injury on 4-14-1997. She reported left knee pain on the lateral aspect and right knee pain with some grinding and posterior tenderness with full weigh bearing. According to physician documentation, the injured worker was diagnosed with left knee patellar tendonitis. The injured worker states, she does have some throbbing left knee pain at night and some sharp pain with activity. Objective findings were notable for full range of motion of bilateral hips and knees, with some lateral joint line tenderness of the left knee, tenderness to palpation at the inferior pole of the patella. On 4-29-2015, an X-ray of the bilateral knee was performed revealing bilateral knee patellofemoral arthritis as well as a lateral meniscal tear of the left knee. Treatment to date has included injections, Norco, and physical therapy. Physician documentation dated 6-8-2015 states; the injured worker continues to have bilateral knee pain. An MRI revealed significant damage to the patellar tendon on the left knee at the proximal aspect. Physical therapy notes, as of 8-8-2015, states the injured worker had 4 physical therapy sessions up to that point. According to documentation dated 9-10-2015, the injured worker did have mild improvement after receiving an injection and physical therapy, indicating the therapy has been helping the knee where she can continue to work fulltime. The Utilization Review determination dated 10-15-2015 did not certify treatment/service requested for 4 physical therapy sessions of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy including Therapeutic Exercises Left 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 requested 12 Physical Therapy including Therapeutic Exercises Left Knee, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has bilateral knee pain. An MRI revealed significant damage to the patellar tendon on the left knee at the proximal aspect. Physical therapy notes, as of 8-8-2015, states the injured worker had 4 physical therapy sessions up to that point. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 12 physical therapy including therapeutic exercises left knee is not medically necessary.