

Case Number:	CM15-0224730		
Date Assigned:	11/23/2015	Date of Injury:	07/23/2014
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/16/2015

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:

This is a 27-year-old female with a date of industrial injury 7-23-2014. The medical records indicated the injured worker (IW) was treated for sprain of unspecified site of unspecified knee, subsequent encounter; and patellofemoral disorders, right knee. In the progress notes (8-7-15 and 10-23-15), the IW reported moderate right knee pain that was aggravated by movement. On examination (8-7-15 and 10-23-15 notes), there was mild swelling in the patellar region and tenderness in the medial joint margin, prepatellar. Effusion was present. Flexion was 120 degrees and extension was 170 to 180 degrees, both with pain. Medial and lateral collateral ligament testing was stable. Drawer's, Lachman's and McMurray's signs were negative. Patellar grind test was negative. Treatments included physical therapy. The IW was temporarily totally disabled. The provider reported the MRI of the right knee on 9-8-14 was negative. The MRI report (1-6-15) in the 4-8-15 Agreed Medical Examination stated there were some patchy bone marrow findings in the patella and distal femur that could be consistent with a number of different diagnoses such as a simple lack of ossification, reflex dystrophy or osteopenia. The provider's plan was for additional physical therapy for the right knee due to an issue with patellar tracking which caused inflammation in the knee with flexion and extension. The records did not provide the number of previous physical therapy sessions and the IW's response, including any functional improvements. A Request for Authorization was received for additional physical therapy three times a week for four weeks for the right knee. The Utilization Review on 10-27-15 non-certified the request for additional physical therapy three times a week for four weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week for 4 weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, additional physical therapy three times per week times four 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 workers working diagnoses are sprain of other parts lumbar spine and pelvis; sprain of unspecified ligament of unspecified ankle; sprain of unspecified site of unspecified knee; and patellofemoral disorders, right knee. Date of injury is July 23, 2014. Request for authorization is October 20, 2015. According to an October 23, 2015 progress note, subjective complaints include low back pain and ankle pain. There is significant knee pain. There are no physical therapy notes in the medical record. An MRI of the right ankle was performed that was negative, Objectively, the injured worker ambulates with an antalgic gait. There was swelling with an effusion in the knee. There is tenderness over the medial joint line. Range of motion is full associated with pain. Utilization review indicates the injured worker was approved for 12 physical therapy sessions to the right knee on March 4, 2015. As noted above, there are no physical therapy progress notes. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines clinically indicated. Based on clinical information in the record and the peer-reviewed evidence-based guidelines, additional physical therapy three times per week times four weeks to the right knee is not medically necessary.