

Case Number:	CM15-0037822		
Date Assigned:	03/06/2015	Date of Injury:	08/26/2013
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 (IW) is a 48 year old female, who sustained an industrial injury on August 26, 2013. She has reported injury involving the right knee. The diagnoses have included chondromalacia of the patella, sprain of hip and thigh, and sprain of knee and leg. Treatment to date has included medications, surgery, and 7 completed post-operative physical therapy sessions. Currently, the IW complains of continued pain and stiffness following surgery. Physical findings revealed a well healed incision on the right knee. Range of motion is active and from 5 degrees to 80 degrees with full extension. On February 18, 2015, Utilization Review provided a modified certification of physical therapy two times weekly for two weeks, and one time weekly for one week. The MTUS guidelines were cited. On February 27, 2015, the injured worker submitted an application for IMR for review of 12 additional physical therapy sessions, two times weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions 2 Times A Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The MTUS guideline cited, states that postsurgical treatment for chondromalacia of patella, tibialis tendonitis, and loose body in knee, is 12 physical medicine visits over 12 weeks, with a 4 month treatment period. According to the treating provider's notes, the injured worker has completed 7 physical medicine visits and is making good postoperative progress. The request for 12 more physical medicine visits would exceed guidelines and there is no documentation of extenuating circumstances to continue beyond the original request. Therefore, the requested 12 physical therapy sessions for 2 times a week, for 6 weeks, is not medically necessary.