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| Case Number: | CM15-0042769 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 11/16/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33-year-old female with an industrial injury dated November 16, 2014. The injured worker diagnoses include right knee sprain, patellofemoral compression syndrome of the right knee, and early osteoarthritis of the right knee. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the most recent progress note dated 12/23/2014, the injured worker reported right knee pain. Physical exam revealed patellofemoral crepitus, tenderness around the patellofemoral joint, and positive patellofemoral compression test. The treating physician prescribed services for 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:

Physical therapy 3 times 4 for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in November 2014, is being treated for right knee pain with physical examination findings, and complains consistent with a diagnosis of patellofemoral syndrome. Guidelines recommend 9 visits over 8 weeks for this condition when being treated medically. In this case, the number of requested treatments is in excess of that recommended and therefore not medically necessary.