

Case Number:	CM15-0046772		
Date Assigned:	03/19/2015	Date of Injury:	09/22/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 23 year old female, who sustained an industrial injury on September 22, 2014. She reported a right knee injury. The injured worker was diagnosed as having right knee patella-femoral syndrome. Treatment to date has included examination, and chiropractic evaluation. The records dated November 26, 2014, indicate she is 20 weeks pregnant. She was seen April 10, 2015 for complaint of right knee pain. The provider is requesting 12 physical therapy visits for evaluation and treatment, two times weekly for six weeks to the right knee for patella-femoral syndrome, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits for the evaluation/treatment 2 times a week for 6 weeks to the right knee for Patellafemoral Syndrome: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Physical therapy, Physical medicine treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommends 12 visits of PT physical therapy for sprains and strains of the knee. The orthopedic progress report dated 11/26/14 documented a right knee injury on 9/22/14. The progress report dated 2/27/15 documented the diagnosis of patellofemoral syndrome. The request for 12 visits of PT physical therapy were requested is supported by ODG guidelines. Official Disability Guidelines (ODG) recommends 12 visits of PT physical therapy for knee sprains and strains. Therefore, the request for physical therapy is medically necessary.