

Case Number:	CM15-0051269		
Date Assigned:	03/24/2015	Date of Injury:	08/11/2014
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/18/2015

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: New York, West Virginia, Pennsylvania
 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 60-year-old female with an industrial injury dated 08/11/2014. Her diagnosis includes bilateral patellar tendinosis and bilateral Chondromalacia patella. Prior treatments include physical therapy and medications. She presents on 02/13/2015 with complaints of bilateral knee pain with swelling. Physical exam revealed minimal tenderness to palpation over medial aspect of the right knee and medial and anterior later aspect of the right knee. There was also tenderness noted over the patella tendon of the left knee. The plan of care included further diagnostic testing (MRI of left knee), physical therapy, knee brace and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
 Page(s): 341-343.

Decision rationale: Guidelines support use of MRI of the knee if there is documentation of evidence of meniscal pathology or evidence of ligament laxity. In this case, the patient was found to have pain localized to the anterior aspect of the knee thought to be possible patellofemoral chondromalacia as noted on radiographs. The request for an MRI of the knee is not medically necessary.

Physical therapy to the bilateral knees three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The documents provided indicate that the patient has had physical therapy sessions in the past. However, the efficacy of prior physical therapy sessions is not documented. The request for physical therapy 2x/week x 4 weeks is not medically necessary.

Right knee patella tracking brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: Guidelines support use of bracing as an option for management of joint instability. The clinical records do not indicate any patellar instability on examination that would require bracing. The patella tracking brace is not medically necessary.