

Case Number:	CM15-0059349		
Date Assigned:	04/03/2015	Date of Injury:	12/03/2012
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 is a 22-year-old female who sustained an industrial injury on 12/03/2012 at which time she was struck by a vehicle. She is currently working full duty. Diagnoses include chondromalacia patella with chondral injury to the patella and lateral patellar subluxation-bilateral knees. Treatment to date has included medications and six session's physical therapy. Diagnostics performed to date included x-rays and magnetic resonance imaging. X-rays have revealed lateral patella subluxation bilaterally. Right knee magnetic resonance imaging dated 7/1/14 revealed the following impression for the right knee: Chondromalacia patella and/or partial thickness chondral injury in the lateral facet of patellar cartilage and minimal joint effusion and synovitis. Left knee magnetic resonance imaging revealed osteochondral contusion/injury articular cartilage of the patella, lateral facet. According to the Initial Orthopedic Report dated 2/16/15, the injured worker was seen for pain in the bilateral knees. The examination showed effusion present in both knees, with lateral patellar subluxation, crepitus and pain. Bilateral knee range of motion was 0 to 135 degrees. The physician noted that if the injured worker does not improve with conservative care, the plan would be to proceed with surgery. A request was made for physical therapy three times a week for four weeks for the bilateral knees for conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for four (4) weeks for the Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The MTUS guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the injured worker is diagnosed with chondromalacia patella with chondral injury to the patella and lateral patellar subluxation-bilateral knees. The guidelines allow up to 10 sessions of therapy for this injured worker's condition. The injured worker presented for an initial orthopedic consultation with continued complaints. It was noted that treatment to date had consisted of six sessions of physical therapy. There is no indication of improvement obtained from past therapy and the request for an additional 12 sessions of therapy in addition to the previously attended physical therapy, exceeds the amount recommended by the guidelines. The request for Physical Therapy three (3) times a week for four (4) weeks for the Bilateral Knees is not medically necessary and appropriate.