

Case Number:	CM14-0118593		
Date Assigned:	09/16/2014	Date of Injury:	07/04/2012
Decision Date:	10/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is licensed in Chiropractic, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 24 year old individual with an original date of injury of 7/4/12. The mechanism of this industrial injury occurred when the patient had a slip and fall accident. The patient had low back and right knee pain after the accident and underwent arthroscopic chondroplasty of the patella and resection of the medial parapatellar synovial plica on 2/5/14. The patient has received 20 sessions of physical therapy, but this was not helpful in relieving the patient's symptoms. Pain scales are 9/10 Visual Analog Scale (VAS) with restricted ranges of motion and the patient requires a cane for ambulation. A post-op MRI on 5/21/14 indicated the surgery had been successful. The patella is baja and lateral, which may be due to distention of the joint from the contrast utilized. The patient has also received pain medications. The disputed issue is a request for 8 additional physical therapy treatments. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #8: Upheld

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

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

Decision rationale: The CA MTUS recommends a fading frequency of physical therapy treatments (from up to 3 visits per week, to 1 or less), plus an active self-directed home physical exercise program. In this case, the patient has received 20 physical therapy treatments following the knee surgery, without documented objective or functional improvement. As such, the request for 8 additional physical therapy treatments exceeds the CA MTUS Guidelines. Therefore, this request is not medically necessary.