

Case Number:	CM14-0147706		
Date Assigned:	09/15/2014	Date of Injury:	08/29/2013
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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 Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease 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 26-year-old female who reported injury on 08/29/2013. The mechanism of injury was a fall. The diagnosis included a left knee lateral patellar subluxation. The progress note dated 08/04/2014, revealed the injured worker complained of left knee pain and reported doing very well with physical therapy. It is noted she has had 24 sessions of physical therapy. The physical exam revealed she had pain with patellofemoral compression and pain on the medial aspect of the patella. Patellar subluxation was noted to at least 50% on the left knee and to no more than 25% on the right knee. The physical therapy progress note dated 04/07/2014, noted an increase of left knee flexion from 140 degrees to 145 degrees of the left knee, no change with extension at 0 degrees and an improvement in motor strength with knee flexion from 5-/5 to 5/5 over the course of treatment. The medications included Ibuprofen as needed. The treatment plan requested an additional 12 session of physical therapy, muscle stimulation and McConnell taping instructions. It was noted the injured worker required additional physical therapy for centralizing the patella, McConnell taping instruction and muscle stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, left knee 2 times a week for 6 weeks: 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: The decision for physical therapy, left knee 2 times a week for 6 weeks is not medically necessary. The injured worker had completed 24 sessions of physical therapy for left knee lateral patellar subluxation and had no history of surgical intervention. The California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function and range of motion. The guidelines recommend 9 to 10 sessions of physical therapy over 8 weeks and a continuation of active therapy at home as an extension of the treatment process. There is a lack of documentation of improvement over the course of physical therapy. The request for 12 additional sessions exceeds the guideline recommendations. It appears the injured worker has mild functional deficits and there is no indication that an active, self-directed, home exercise program would not be appropriate. Given the previous, 12 additional sessions of physical therapy would be excessive and not supported at this time. Therefore, the request is not medically necessary.