

Case Number:	CM14-0167900		
Date Assigned:	10/15/2014	Date of Injury:	06/29/2014
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 58-year-old male with a 6/29/13 date of injury and status post right knee infrapatellar bursectomy on 1/28/14. At the time (9/15/14) of the Decision for physical therapy 3 x 4 sessions for the right knee, there is documentation of subjective (ongoing right knee pain) and objective (antalgic gait, right knee prepatellar fullness and swelling, painful patellofemoral crepitus with motion, and mildly decreased right quadriceps strength) findings, current diagnoses (persistent right knee prepatellar bursitis following right knee endoscopic prepatellar bursectomy, right knee chondromalacia patellae, right knee lateral meniscus tear, and right knee osteochondral lesion with degenerative joint disease), and treatment to date (physical therapy (unknown amount)). The number of previous physical therapy treatments cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 sessions for the right knee.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Knee & Leg, Physical therapy Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of chondromalacia, pain in joint; effusion of joint not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of persistent right knee prepatellar bursitis following right knee endoscopic prepatellar bursectomy (1/28/14), right knee chondromalacia patellae, right knee lateral meniscus tear, and right knee osteochondral lesion with degenerative joint disease. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Furthermore, the proposed number of sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 3 x 4 sessions for the right knee is not medically necessary