

Case Number:	CM15-0008873		
Date Assigned:	01/26/2015	Date of Injury:	07/27/2013
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 07/27/2013 due to a trip and fall. On 11/21/2014, she presented for a followup evaluation with a recheck of her left knee pain. She stated that the pain was gradually improving with physical therapy but she continued to have some discomfort in the same locations as before. She also continued to complain of edema and weakness but stated that those were also improving. A physical examination showed no pain/swelling in the joints in the upper or lower extremities. She ambulated with an antalgic gait favoring the left and was able to squat to 70 degrees before she stopped due to discomfort. The left knee was tender to palpation at the medial tibial plateau as well as the distal insertion of the MCL and insertion of the quadriceps tendon to the patella. There was palpable crepitus and some ballottable fluid in the inferolateral patellar space. Tenderness to palpation of the medial port incisions remained unchanged and there was no induration noted and no keloid. There was no laxity but some discomfort with varus and valgus stresses. Lachman's and McMurray's signs were negative. There was also pain with resisted extension to the left lower leg. Flexion was noted to be 100 degrees and there was a 5 degree extension lag on the left which was noted to be improved. She was diagnosed with chondromalacia of the left knee and plica of the left knee on the left. The treatment plan was for 6 physical therapy sessions to the left knee, 2 times per week for 3 weeks as an outpatient. The rationale for treatment was to address the injured worker's remaining deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy for the left knee, 2 times a week for 3 weeks, as an outpatient: 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 California MTUS Guidelines recommend a total of 9 to 10 visits over 8 weeks of physical therapy for the injured worker's condition. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the left knee and it was indicated that she had already been attending physical therapy. However, further clarification is needed regarding how many sessions she attended and her response to those sessions in terms of functional improvement and a quantitative decrease in pain. Without this information, physical therapy would not be supported. As such, the request is not medically necessary.