

Case Number:	CM15-0108919		
Date Assigned:	06/15/2015	Date of Injury:	09/08/2008
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

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

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 60-year-old female, who sustained an industrial injury on 9/8/2008. The mechanism of injury is stated felt a pop in her knee while vacuuming. The injured worker was diagnosed as having left knee chondromalacia, left knee degenerative joint disease and left knee pain. Left knee magnetic resonance imaging showed low-grade medial patellar facet chondromalacia with small joint effusion and no meniscus tears. Treatment to date has included therapy and medication management. In a progress note dated 4/27/2015, the injured worker complains of left knee pain rated 5.5/10. Physical examination showed peri-patellar tenderness and edema. The treating physician is requesting 12 physical therapy visits for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain and left knee pain. When seen, there was patellar and medial joint line tenderness. There was decreased range of motion. She was using a cane. A knee injection was planned. Physical therapy was requested. Guidelines recommend up to 9 visits over 8 weeks for this condition. In this case, the number of treatments requested is in excess of that recommended and not medically necessary.