

Case Number:	CM15-0115209		
Date Assigned:	06/23/2015	Date of Injury:	05/28/2012
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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

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 31 year old female who sustained an industrial injury on 05/28/2012. Mechanism of injury was a slip and fall. Diagnoses include chondromalacia of patella, and pain in joint of the lower leg. Treatment to date has included diagnostic studies, medications, physical therapy, cortisone injections, and a diagnostic arthroscopy of the left knee on 04/20/2015. A physician progress note dated 05/14/2015 documents the injured worker underwent arthroscopic surgery of the left knee which showed medial femoral condyle which showed grade IV chondromalacia. She would now be a candidate for a course of physical therapy for strengthening of the quadriceps and hamstring musculature. The treatment plan includes physical therapy for strengthening of the quadriceps and hamstring musculature and then be a candidate for injections of synthetic joint fluid. Treatment requested is for physical therapy 3 x 6 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6 for the left knee: Upheld

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

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

Decision rationale: The request for physical therapy 3 x 6 for the left knee is not considered medically necessary at this time. According to the California Medical Treatment Utilization Schedule, 9 to 10 visits for over eight weeks are recommended. The requested physical therapy exceeded guideline recommendations. Hence, the request for physical therapy 3 x 6 for the left knee is not considered medically necessary at this time.