

Case Number:	CM15-0118255		
Date Assigned:	06/26/2015	Date of Injury:	10/11/2012
Decision Date:	08/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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 46 year old female who sustained an industrial injury on 10/11/12. The mechanism of injury was unclear. She currently complains of intermittent left knee pain with popping, swelling and weakness causing her to lose her balance intermittently. On physical exam of the left knee there was 1+ effusion, tenderness along the lateral joint, medial joint line tenderness and patellofemoral joint, positive McMurray's, 1+ patellar grind. Medications were Relafen, ibuprofen. Diagnoses include knee lateral meniscus tear; knee medial meniscus tear; chondromalacia; joint/leg pain; knee-chondromalacia patella. Treatments to date include physical therapy which were beneficial; medication; exercise with stationary bike with some benefit. Diagnostics include MRI of the left knee (8/28/14) showing post-operative change, scar tissue, superficial fissure defect of lateral patellar facet; x-ray of the left knee (7/24/14) showing mild spurring lateral patella. In the progress note dated 4/20/15 the treating provider's plan of care included a request for physical therapy for the left knee twice a week for six weeks to include progressive range of motion, strengthening and conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional Physical Therapy sessions, 2 times wkly for 6 wks, for Left Knee (s/p chondroplasty and lateral retinacular release 2/26/13), as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Physical therapy for the knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines (3) Knee & Leg (Acute & Chronic), physical therapy, Chondromalacia of patella.

Decision rationale: The claimant sustained a work-related injury in October 2012 and underwent a left knee lateral retinaculum release and chondroplasty in February 2013. When seen, there had been improvement since the last visit more than 6 months before. She had completed 10 post-operative physical therapy treatments. She was having left knee pain. She was working without restrictions. Her BMI was over 32. There was a slight limp. There was moderate joint line tenderness and McMurray's testing was positive. Additional physical therapy was requested. Guidelines recommend up to 12 physical therapy treatments over 12 weeks after the surgery that was performed. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of additional visits requested is in excess of either of these recommendations or what might be expected to finalize the claimant's home exercise program. The request is not medically necessary.