

Case Number:	CM15-0171213		
Date Assigned:	09/11/2015	Date of Injury:	06/09/2012
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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: Maryland

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

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 42 year old female, who sustained an industrial injury on June 9, 2012. Medical records indicate that the injured worker is undergoing treatment for chronic knee pain, right foot pain and myofascial pain of the left posterior hip. The injured worker is currently not working. Current documentation dated July 23, 2015 notes that the injured worker reported throbbing pain in the anterior part of the right knee. The pain was aggravated with patellofemoral load activities. The injured worker reported that the knee pain has gotten worse over the last 2 years. Examination of the right knee revealed medial and lateral facet tenderness and minimal medial joint line tenderness. Significant atrophy of the quadriceps was noted on the right. Range of motion was full. A McMurray's and Steinmann test were negative. Treatment and evaluation to date has included medications, x-rays of the bilateral knees, MRI (8-1-2012), computed tomography scan, home exercise program and physical therapy. Current medications include Norco, Prilosec and Flexeril. Current request for treatment includes a request for 8-12 sessions of physical therapy to the right knee 2 to 3 times a week for 4 weeks, for quad strengthening exercises to help stabilize and support the patellofemoral joint. The Utilization Review dated August 19, 2015 modified the request to 8 sessions of physical therapy to the right knee 2 times a week for 4 weeks (original request 2 to 3 times a week for 4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to right knee two (2) to three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition 2010 Revision, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Outpatient physical therapy to right knee two (2) to three (3) times a week for four (4) weeks is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient would benefit from quadriceps strengthening however, the request as written exceeds the recommended number of PT sessions for this condition and is therefore not medically necessary.