

Case Number:	CM15-0177470		
Date Assigned:	09/28/2015	Date of Injury:	01/31/2014
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

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: Pennsylvania, Ohio, California
 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 54 year old male with an industrial injury dated 01-31-2014. Medical record review indicates he is being treated for "patellar tendon rupture healed with slight patellar alta calcific changes in the patellar tendon consistent with heterotopic bond formation superimposed on mild to moderate quad atrophy and quad weakness with symptoms of patellofemoral disease." In the progress note dated 04-30-2015 the injured worker presents post left knee injury (01-31-2014) with complaints of pain and weakness in the knee and "some" difficulty with squatting, kneeling and climbing but has "been able to do his normal work." Left knee exam revealed peripatellar tenderness and patellar crepitus without effusion. Left knee extension was documented as 0 and flexion of 130 degree. His medications were Norco and Ibuprofen as needed. Prior treatment included surgery, "several sessions of physical therapy", and medications. The treating physician documents: "X-rays (date not available) revealed mild patellar alta with ossification in the area presumed to be patellar tendon, bone spur under the patellofemoral joint and lateral patellar portion of the knee and early degenerative changes medial compartment." The treatment plan included physical therapy, Mobic, Tramadol and Norco. There is four hand written progress reports in the submitted records. The dates and the information in the hand written reports are difficult to decipher. This review is taken from the 04-30-2015 note. The treatment request is for physical therapy evaluation and treat 2 x 3 for the left knee. On 09-04-2015 the request for physical therapy evaluation and treat 2 x 3 for the left knee was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treat 2x3 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.