

Case Number:	CM15-0098974		
Date Assigned:	06/01/2015	Date of Injury:	06/22/2014
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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 39 year old female, who sustained an industrial injury on June 22, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a right knee contusion with posttraumatic chondromalacia patella. Diagnostic studies were not included in the provided medical records. Treatment to date has included activity/work modifications, transcutaneous electrical nerve stimulation (TENS), a home exercise program, stretching, cold, heat, and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. The records refer to a prior course of physical therapy, but do not provide specific dates or results. On April 6, 2015, the injured worker complains of right knee, which is rated 6/10. The physical exam revealed tenderness of the right knee that was greatest at the medial joint line, a positive McMurray's medially, an effusion, patellofemoral crepitance with range of motion assessment, and decreased range of motion. The treatment plan includes an additional 12 sessions of physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for right knee: Upheld

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

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.

Decision rationale: The claimant sustained a work injury and June 2014 with a right knee contusion. She has been treated for posttraumatic chondromalacia including physical therapy. When seen, she was having right knee pain rated at 6/10. There was medial joint line tenderness with positive McMurray testing, a knee joint effusion, and decreased and painful knee range of motion with patellofemoral crepitus. The claimant is being treated for chronic pain. There is no new injury. 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 visits requested is in excess of that recommended or what would be needed to revise the claimant's home exercise program. The request is not medically necessary.