

Case Number:	CM13-0001801		
Date Assigned:	05/02/2014	Date of Injury:	06/08/2002
Decision Date:	06/10/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/17/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is present with a date of injury of 6/8/2002 and is rated permanent and stationary for chronic right and left knee pain. The patient has had total knee replacement on right and has left knee degenerative joint disease. Treatment plan has included multiple sessions of physical therapy and has been instructed in home exercise program. The patient has undergone Supartz injections of the knee, and was treated with chronic pain medications. The request is for physical therapy 2-3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL KNEES X 8-12 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. In this case, the submitted records include

documentation of multiple sessions of physical therapy over many years since the original injury and after the knee replacement surgery. Medical documents state that the claimant continues their home exercise program. The medical records do not contain any rationale for how additional physical therapy would be expected to improve the patient's condition any further. The request for physical therapy for the bilateral knees, 8-12 visits is not medically necessary and appropriate.