

Case Number:	CM13-0016630		
Date Assigned:	03/03/2014	Date of Injury:	12/05/2011
Decision Date:	08/15/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 51 years old female with an injury date on 12/05/2011. Based on the 05/08/2014 progress report provided by [REDACTED], the diagnosis is: 1. End-stage right knee osteoarthritis. According to this report, the patient complains of right knee pain. The patient rated the pain at a 6-7/10, constant pain. The right knee has 2+ effusions with varus deformity. Range of motion is 5 to 85. Pain, crepitus, guarding and joint line tenderness were noted. The patient is status post left total knee replacement on 03/27/2013. There were no other significant findings noted on this report. [REDACTED] is requesting physical therapy two times a week for six weeks. The utilization review denied the request on 08/16/2013. [REDACTED] is the requesting provider, and provided treatment reports from 01/21/2014 to 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: According to the 05/08/2014 report by [REDACTED] this patient presents with right knee pain. The patient is status post left total knee replacement on 03/27/2013. The patient is outside of post-surgical time-frame and for therapy treatments. The treating physician is requesting 12 sessions of physical therapy but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states "the claimant completed the initial course of post-op therapy and received authorization for 12 addition sessions." Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. Review of the reports do not discuss recent or prior therapy treatments. In this case, if the patient did not have any recent therapy, a short course may be warranted but the requested of 12 sessions exceed what is allowed by the MTUS guidelines. The treating physician also does not discuss the patient's treatment history, what has been successful and what has not. It is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate. The request is not medically necessary and appropriate.