

Case Number:	CM13-0020001		
Date Assigned:	02/19/2014	Date of Injury:	05/21/2010
Decision Date:	04/22/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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 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:

According to the records made available for review, this is a 63-year-old male with a 5/21/10 date of injury, and left total knee arthroplasty 5/26/10. At the time 7/23/13 of request for authorization for additional physical therapy, 2 times a week for 2 weeks, there is documentation of subjective (bilateral knee pain after falling on both knees, buckling of the right knee, and a history of chronic pain both knees) and objective (tenderness of the left knee over the bursa and distal IT band as well as a decreased range of motion, and tenderness of the right knee over the anterior medial joint line, as well as decreased range of motion and equivocally positive McMurray's) findings, imaging findings (x-rays left knee (7/23/13) report revealed the total arthroplasty as intact, while x-rays of the right knee revealed mild tricompartmental osteoarthritis), current diagnoses (status post left total knee arthroplasty, pes anserinus bursitis left knee, osteoarthritis right knee, and possible meniscal injury right knee), and treatment to date (physical therapy X4, medications, and reduced activity). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 2 TIMES A WEEK FOR 2 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE CHAPTER, PHYSICAL MEDICINE TREATMENT

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of knee pain or arthritis not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left knee pain and right knee arthritis. In addition, there is documentation that the patient has already had 4 sessions of physical therapy. Furthermore, given documentation of subjective (bilateral knee pain after falling on both knees, buckling of the right knee, and a history of chronic pain both knees) and objective (tenderness of the left knee over the pes bursa and distal IT band as well as a decreased range of motion, and tenderness of the right knee over the anterior medial joint line, as well as decreased range of motion and equivocally positive McMurray's) findings, there is documentation of functional deficits and functional goals. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy, 2 times a week for 2 weeks is not medically necessary.