

Case Number:	CM13-0021115		
Date Assigned:	11/08/2013	Date of Injury:	06/07/2011
Decision Date:	07/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 Occupational Medicine 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:

Injured worker is a female with date of injury 6/7/2011. There are no clinical reports from the requesting physician available for review. Per physical therapy daily noted dated 6/12/2013, the injured worker reports a decrease in symptoms since last visit, stating her knee doesn't feel as tight and sore today. She still gets pain on both sides of my knee with any bending. The pain is not as intense being rated now at is 3/10. On exam there is decreased guarding, soft tissue restrictions lateral quads and iliotibial band and decreased symptoms with treatment. There is increased active range of motion flexion without pain. Before therapy the injured worker with pelvic rotation, left back, and following therapy pelvis is level. The diagnoses from referring physician include lower leg/knee pain (patellofemoral syndrome), lower leg swelling, lower leg stiffness and post-operative orthopedic aftercare.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker is noted to be status post right knee total arthroplasty 12/10/2012. At the time of this request, she was over seven month's post-operative, and had received a total of 36 physical therapy sessions post-operatively. Per the MTUS Guidelines, postsurgical physical medicine treatment period for arthroplasty of the knee is 4 months, and the postsurgical treatment recommendation is 24 visits over 10 weeks. The injured worker is outside the postsurgical treatment period, so the chronic pain medical treatment guidelines were utilized. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is supported. These guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis; receive 9-10 visits over 8 weeks. The injured worker has already exceeded the combined therapy recommendations following her surgery, and those recommended in the chronic pain medical treatment guidelines. She has had improvement, and should be prepared to continue a home exercise program for continued rehabilitation. The request for physical therapy 2 x 6 for the right knee is not medically necessary.