

Case Number:	CM13-0021185		
Date Assigned:	10/11/2013	Date of Injury:	04/06/2006
Decision Date:	12/24/2014	UR Denial Date:	08/26/2013
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 4/6/2006. Per progress note dated 5/22/2013, the injured worker complains of right knee pain. She continues to experience right knee pain with activity, including ambulation. She states that she has been wearing her hinged knee brace. She reports minimal benefit from wearing the brace. She continues to experience aching pain in the right knee with no mechanical locking. She does complain of some swelling and pain in her right calf. She denies shortness of breath. One examination of the right knee, there is a well healed midline incision. There is mild varus and valgus laxity without frank instability. There is no erythema, and a small effusion. Homan's sign is positive. Neurovascular exam is normal. The remainder of the right knee/lower extremity examination is unchanged from the previous visit. Diagnoses include 1) status post right total knee arthroplasty 2) possible right lower extremity DVT 3) right knee varus/valgus laxity without frank instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (2) times a week for (4) weeks for the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS 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, unspecified, receive 9-10 visits over 8 weeks. The injured worker was injured seven years prior to this request. She is status post total knee replacement and has a well healed scar, but the date of the surgery is not provided. The amount of physical therapy the injured worker has had prior to and after surgery is not reported. Success with prior therapy and the status of a home exercise program for continued self-directed rehabilitation is not reported. Medical necessity of this request has not been established. The request for physical therapy (2) times a week for (4) weeks for the right lower extremity is determined to not be medically necessary.