

Case Number:	CM13-0022995		
Date Assigned:	11/15/2013	Date of Injury:	06/17/2004
Decision Date:	02/02/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Family Practice 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 physician 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 65-year-old injured worker who reported an injury on 06/17/2004. The patient is currently diagnosed as status post bilateral TKA, gross instability of the left knee, and neck and back sprain and strain. The patient was seen by [REDACTED] on 06/17/2013. Physical examination revealed diminished range of motion. Treatment recommendations included physical therapy 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:

Twelve sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home

physical medicine. As per the clinical notes submitted, the patient completed 48 sessions of postoperative physical therapy in 2011. The patient was then authorized an additional 6 sessions of physical therapy in 03/2013. The latest physical examination by [REDACTED] only revealed limited range of motion. The patient has completed an extensive amount of physical therapy, and should be well versed in a home exercise program. The need for an additional 12 sessions of physical therapy has not been established and would exceed guideline recommendations. The request for twelve sessions of physical therapy is not medically necessary and appropriate.