

Case Number:	CM13-0025946		
Date Assigned:	11/22/2013	Date of Injury:	07/08/2009
Decision Date:	01/30/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 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.

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 issue presented in this review is whether Physical therapy, right knee, times twelve (12) visits is medically necessary. This was denied on prior UR review. Per the primary treating physician's supplemental orthopedic report dated August 16, 2013, the patient has a date of injury on July 8, 2009 and [REDACTED] (The primary treating physician's progress report dated the same day documented the date of injury as April 1, 2010). The patient was treated over numerous months for a right knee internal derangement with a total knee arthroplasty with compensatory low back pain in the past. He has continued to have pain in the right knee and the low back. The supplemental report documented the bilateral knee x-ray results, without the radiologist report, notes in AP view showing adequate placement of the prosthesis in the right knee without any angulation or loosening of the prosthesis and the bone density appears to be within normal limits. The left knee, however, shows evidence of loss of joint height medially with some early osteophytic formation. The lateral view of the right knee shows the still excellent integrity of the prostheses both at the tibial and femoral component. The x-ray of the lumbar spine in AP view shows an angulation of about 12 degrees between L2 and L3 with some evidence of disseminated intervertebral spinal hyperostosis (DISH) and there is flattening of all of the lumbar vertebrae, planus configuration. The lateral view shows osteophytic formation throughout the lumbar spine with a disc space narrowing between L5 and S1. **PHYSICAL EXAMINATION:** Right knee: Examination of the right knee shows visibly that the scars are well-healed. The girth of the knee is much less than that when I saw him last. He still has quite a bit of chronic postoperative swelling. **RIGHT KNEE ACTIVE RANGES OF MOTION:** The patient has ranges of motion; lacking 5 degrees of full extension, and he flexes to 120 to 125 degrees. **LUMBAR SPINE:** Examinat

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for physical therapy, right knee, times twelve (12) visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical therapy, right knee, times twelve (12) visits is not medically necessary per MTUS guidelines. The patient had an injury on 4/1/10. There are no documents submitted of physical therapy he had in the past for his injury with evidence of functional improvement. Additionally, the MTUS guidelines for his condition allow up to 10 visits with a fading of frequency. The request for physical therapy 12 visits exceeds the recommended guidelines and is not medically necessary.