

Case Number:	CM13-0026593		
Date Assigned:	11/22/2013	Date of Injury:	08/10/2010
Decision Date:	03/04/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	09/19/2013

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 in Physical Medicine & 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 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 64-year-old female who reported an injury on 08/10/2010. Review of the medical record revealed the patient underwent a left knee arthrotomy, excision of mass distal femur, lysis of adhesion, and manipulation under anesthesia on 06/12/2013. The patient has participated in 12 postoperative physical therapy sessions. The most recent clinical note is dated 10/28/2013; it is an orthopedic evaluation and report. The patient continued to have pain and stiffness to the left knee. She had also developed numbness in the bilateral hands from repetitive putting pressure on her hand while using a wheelchair and a walker. Physical examination revealed antalgic gait, stiffness of the left knee, decreased range of motion to the left knee, swelling of the left knee, and swelling of the lower extremity. There was a positive Phalen's test noted to the bilateral hands. The patient's diagnoses at that time were painful total knee replacement, left knee status post multiple procedures; carpal tunnel syndrome right and left hand; and trigger finger left ring finger. The patient was experiencing continued pain in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy 3x4: 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 Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: According to the MTUS Postsurgical Treatment Guidelines, the recommended number of physical therapy sessions for the patient's diagnoses would be 20 visits over 6 months for the manipulation under anesthesia or postsurgical 12 visits over 12 weeks for the derangement of meniscus loose body in knee. However, the time frame to which the patient's injury or procedure is considered postsurgical would be 6 months and that time period has expired. It is noted in the medical records provide for review that the patient has already received and participated in 12 physical therapy sessions previously without any significant increase in her functional abilities or any decrease in her complaints of pain. Per the MTUS Chronic Pain Guidelines, the recommended number of physical therapy sessions for the patient's diagnoses would be 9 to 10 visits over 8 weeks and the patient has already exceeded those visits with the already received 12 visits of physical therapy. As suggested by the MTUS Chronic Pain Guidelines, there should be documentation of functional improvement or decreased pain; however, there is no clinical documentation provided in the medical records suggestive that the patient has had any significant change in her functional status or decrease in her pain. Therefore, additional physical therapy would not be medically necessary at this time.