

Case Number:	CM13-0032342		
Date Assigned:	12/11/2013	Date of Injury:	02/23/2006
Decision Date:	03/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/07/2013

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 Illinois. 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 56-year-old female who reported an injury on 02/23/2006. The mechanism of injury was not specifically stated. The patient is currently diagnosed with osteoarthritis of the knee and pain in the joint of the lower extremity. The patient was seen by [REDACTED] on 06/07/2013. The patient reported no changes in pain level to the right knee. Physical examination revealed anterior tenderness with stiffness and swelling to the right knee as well as limited range of motion. X-rays obtained in the office on that date indicated an increase of osteoarthritis. Treatment recommendations included authorization for physical therapy 3 times per week for 4 weeks as well as continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional physical therapy x 12 for right knee: 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 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) 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. Official Disability Guidelines state physical medicine treatment for arthritis includes 9 visits over 8 weeks. As per the documentation submitted, the patient is status post right total knee arthroplasty, as documented by [REDACTED], on a later date of 08/29/2013. Documentation of a previous course of physical therapy treatment was not provided for review. Therefore, additional treatment cannot be determined as medically appropriate. As such, the request is non-certified.