

Case Number:	CM13-0033663		
Date Assigned:	12/06/2013	Date of Injury:	07/12/2010
Decision Date:	04/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Texas and Florida. 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.

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 has a history of chronic bilateral knees pain following an injury sustained on 7/12/2010 when he slipped on the floor. The available records from [REDACTED] showed completion of nine Physical Therapy visits in July 2013. On 8/16/2013 the patient was reported to be able to walk 1.25 miles without any increase in pain. The Objective findings are mild posterior knee discomfort that was not related to the previous knee conditions and low back pain. The Diagnoses are right total knee replacement in 2012, left total knee replacement in 2011, and mild back pain from thoracic and lumbar spine degenerative disc disease. The past medical treatments included the use of TENS (transcutaneous electrical nerve stimulation) unit, DonJoy knee braces, Polar Care unit, and medications management with opioids, Flexeril and Lyrica. The only medication listed in the most current medical record dated 8/16/2013 is Celebrex. A Utilization Review decision by [REDACTED] recommended non-certification for the requested 12 additional PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL PHYSICAL THERAPY VISITS (3 X 4) FOR THE BILATERAL KNEES: 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): 1-127.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines, addressed the benefits of physical therapy after total knee replacement surgery. Following hospital discharge, a short term functional exercise physical therapy is beneficial for preservation of the knee functions. This patient has now fully exhausted the physical therapy recommendation following the last surgery done two years ago. The patient was reported to have reached Maximum Medical Improvement (MMI) on July 3, 2012. There are no residual functional impairment on this patient who is able to walk 1.25 miles without any difficulty. The request for twelve additional physical therapy visits (three times per week for four weeks) for the bilateral knees is not medically necessary or appropriate.