

Case Number:	CM13-0037870		
Date Assigned:	12/18/2013	Date of Injury:	04/30/2008
Decision Date:	02/10/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 Georgia. 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 claimant is a 50 year old male presenting with bilateral knee pain following a work related injury on 04/30/2008. The enrollee is a status post bilateral total knee arthroplasty. He reports increased bilateral knee pain exacerbated by walking. The physical exam was significant for antalgic gait, right knee 0 to 95 degrees range of motion and 0 to 95 degrees of range of motion of the left knee, marked quadriceps atrophy of the right and left lower extremities with no evidence of medial, lateral, anterior or posterior instability to the bilateral knees, difficulty with rising from a seated position. The claimant has completed 24 physical therapy visits for both knees. The medical records noted that the claimant had made good progress with prior physical therapy sessions and that the patient was requesting additional therapy. The claimant's medications include Celebrex 200mg and Norco 7.5mg. A claim was made for physical therapy; 2 times a week for 3 weeks for the bilateral knees. The claimant was diagnosed with joint 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:

A set of 6 sessions of physical therapy (2 times a week for 3 weeks) 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): 99.

Decision rationale: 6 sessions of physical therapy 2 x per week for 3 weeks for bilateral knee pain is not medically necessary. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks The claimant's medical records note that prior physical therapy was completed for a total of 24 visits with some benefit. The claimant has met the maximum CA MTUS recommended time-limit of 24 visits of physical therapy. Additional visits are not medically necessary.