

Case Number:	CM13-0040667		
Date Assigned:	12/20/2013	Date of Injury:	08/12/2009
Decision Date:	02/19/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/29/2013

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 59-year-old female who reported injury on 08/12/2009. The mechanism of injury was not provided. The patient was noted to have undergone a right total knee arthroplasty (TKA) on 10/09/2012 and a left TKA on 12/20/2011. The patient was noted to have a chief complaint of knee pain and swelling. The patient was noted to have completed the approved postoperative therapy for the knees. The patient was noted to feel weak in the left knee. The patient was noted to have a mild patellar clunk on the left knee. The patient was noted to have moderate swelling to the right knee. The plan was noted to include to finish recommended physical therapy. The patient's diagnosis was noted to include other specific joint replaced LOC prime osteoart left leg. The request was made for physical therapy for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the knees (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine. Page(s): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review failed to include the patient's functional benefit from the prior therapy and the number of session previously attended. There was a lack of documentation indicating an objective examination to support the necessity for ongoing therapy. The patient would be expected to be well versed in a home exercise program. Given the above, the request for physical therapy for the bilateral knees is not medically necessary.