

Case Number:	CM13-0049408		
Date Assigned:	02/03/2014	Date of Injury:	12/03/2009
Decision Date:	04/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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:

According to the records made available for review, this is a patient with a 12/3/09 date of injury, and left total knee arthroplasty 11/15/12. At the time (10/9/13) of request for authorization for Physical Therapy three times a week for four weeks for the left knee, there is documentation of subjective (left knee tightness) and objective (mild tenderness to the bilateral knees and restricted range of motion in the knee) findings, current diagnoses (left knee osteoarthritis, left total knee arthroplasty, and right knee osteoarthritis), and treatment to date (24 physical therapy sessions to the left knee completed). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy and a statement of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines RI Special Project-Close Case Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL

DISABILITY GUIDELINES (ODG); AND TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of arthritis not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left knee osteoarthritis, left total knee arthroplasty, and right knee osteoarthritis. In addition, there is documentation of 24 physical therapy sessions completed, which exceeds guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy. Furthermore, despite documentation of subjective (left knee tightness) and objective (mild tenderness to the bilateral knees and restricted range of motion in the knee) findings, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy three times a week for four weeks for the left knee is not medically necessary.