

Case Number:	CM13-0053222		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2011
Decision Date:	03/17/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice 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 65-year-old male who reported an injury on 09/06/2011. The mechanism of injury was not provided. The records provided indicate that the patient had surgery on 04/24/2013 with a preoperative diagnosis of left knee degenerative arthritis and the procedure performed was a left total knee arthroplasty. The records provided indicate from 05/06/2013 through 08/07/2013, the patient completed 21 sessions of physical therapy. In addition, the records indicate that as of 09/23/2013, the patient completed an additional 12 sessions of physical therapy and then from 09/25/2013 through 10/07/2013, the patient completed an additional 4 sessions of physical therapy. The note dated 10/30/2013 indicated the patient had complaints of pain that he described as burning and aching. The patient indicated that he had had a reduction in pain to his left knee since surgery; however, notes some decreased sensation and tingling on the anterior lateral aspect of the knee. The patient felt that physical therapy dramatically reduced the pain in his thigh and would like to continue with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for physical therapy 2 times a week for 6 weeks to the left knee is non-certified. The California MTUS states that 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. It is recommended that physical therapy consist of 9 to 10 visits over 8 weeks. The records provided for review indicate that from 05/06/2013 through 10/07/2013 the patient has completed a total of 37 sessions of physical therapy. This exceeds the 9 to 10 visits that are recommended by the California MTUS. In addition, the records provided for review failed to indicate a lack of functional deficit to support additional physical therapy. Therefore, the request for PT 2X6 left knee is non-certified.