

Case Number:	CM13-0053335		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2004
Decision Date:	03/26/2014	UR Denial Date:	11/04/2013
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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 67 year old male who reported an injury on 05/24/2004. The mechanism of injury was noted to be the patient was running and twisted his knee responding to an alarm. The patient had a right knee total knee arthroplasty on 08/14/2007. The patient had a right knee revision of the patellar component and partial patellectomy with revision of the polythene liner and tibial component on 02/04/2013. The patient's pain level was an 8/10 and the patient indicated his right knee hurts when he stands. As the patient walks down stairs the pain increases and his knee was noted to lock when he walks. The physical examination of the right knee revealed 5/5 strength in the quadriceps and hamstrings, range of motion in extension 0 degrees and flexion 125 degrees. The diagnosis was noted to be a knee joint replacement. The treatment plan was that the patient had anterior knee/patellar tendon pain and would benefit from physical therapy. The physician indicated they would request additional physical therapy and ultrasound iontophoresis to help with the patient's anterior knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 12 additional physical therapy sessions and ultrasound iontophoresis right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and the section on Ultrasounds Page(s): 98-99,123.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that physical medicine treatment is recommended for a maximum of 9 to 10 visits for myalgia and myositis. Additionally, the MTUS Chronic Pain Guidelines further indicate that ultrasound is not a recommended treatment. The clinical documentation submitted for review indicated the patient had prior knee surgeries. There was a lack of documentation indicating objective functional deficits to support ongoing therapy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was lack of documentation indicating the quantity of sessions the patient had previously attended. Given the above, the request for additional physical therapy and ultrasound iontophoresis, right knee, quantity 12.00 is not medically necessary and appropriate.