

Case Number:	CM13-0053770		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2010
Decision Date:	03/18/2014	UR Denial Date:	11/05/2013
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 Orthopedic Surgeon and is licensed to practice in Texas. 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 54 year old female who reported an injury on 08/07/2010. The mechanism of injury was not specifically stated. The patient is diagnosed as status post right total knee replacement, degenerative joint disease in the left knee, and low back pain. The patient was seen on 11/13/2013. The patient reported mild improvement with home exercise program. Treatment recommendations included decreased range of motion in bilateral knees, crepitus in the left knee, and mild diffusion in the right knee. Treatment recommendations included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 3 times a week for 4 weeks on bilateral knees and lumbar spine:
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): 98-99.

Decision rationale: California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The patient has previously completed a course of physical therapy. Documentation of objective measurable improvement was not provided. The patient continued to report persistent pain in the left knee as well as the lower back with radicular symptoms. The patient continued to demonstrate decreased strength, decreased stance, diminished range of motion, and tenderness. The current request for 12 sessions of physical therapy exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.