

Case Number:	CM13-0055082		
Date Assigned:	12/30/2013	Date of Injury:	12/20/2012
Decision Date:	03/28/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 49-year-old male who reported an injury on 12/20/2011. The mechanism of injury involved a slip and fall. The patient is diagnosed with multiple non orthopedic issues including anxiety and depression, compensatory bilateral shoulder pain, compensatory lumbar spine pain, compensatory right knee pain, status post multiple surgeries on the left knee, and status post total knee arthroplasty on 06/12/2013. The patient was seen by [REDACTED] on 10/07/2013. The patient reported persistent pain in the left knee with limited range of motion. Physical examination revealed tenderness to palpation, positive patellar grind bilaterally, full extension, slightly diminished range of motion on the left, and decreased strength on the left. Treatment recommendations included an additional 12 sessions of physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Physical therapy for the left knee once a week for Twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The 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. As per the documentation submitted, the patient underwent a left total knee replacement on 06/12/2013. The patient has completed a course of postoperative physical therapy. However, documentation of the previous course was not provided for review. The patient continues to report persistent pain with activity limitation. The patient's physical examination continues to reveal tenderness to palpation, positive grinding, diminished strength, and diminished range of motion. Without evidence of objective functional improvement following the initial course of treatment, additional therapy cannot be determined as medically appropriate. As such, the request for Physical therapy for the left knee Once a week for Twelve weeks is not medically necessary and appropriate.