

Case Number:	CM13-0057416		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2000
Decision Date:	07/23/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation 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 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:

The patient is a 62 year old female with an industrial injury date is 3/24/2000. Mechanism of injury is unknown. The patient's past medical treatment is significant for status post total knee replacement arthroplasty of both knees, revision surgery right knee revision surgery on 4/30/2012, motorized scooter, PT, and medications. According to the primary treating physician's progress report dated 11/20/2013, the patient was seen for follow examination of the bilateral knees. She states the right knee comes out of place depending on movements, and the left knee feels stiff. She also complains of lumbar spine pain that radiates into the bilateral thighs. Objective findings documents of that patient returns with pain and tenderness to the bilateral knees. X-rays were taken of the bilateral knees and bilateral to the, showing no loosening of the total knees arthroplasty. Recommendation was for physical therapy three times a week for four weeks. She was dispensed a back brace and medications. According to the primary treating physician's progress report dated 4/2/2014, the patient was seen for follow-up of her bilateral knees and lumbar spine. She states he has been intense pain to the right knee and lumbar spine. She reports pain in the left knee has well, the estate left the right. Objective findings are medial tenderness and a living ambulation to the bilateral knees. Pain is characteristically rated as 5/10. The request is for physical therapy three times per week for four weeks to the lumbar spine and bilateral knees. Also requested is an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The patient sustained an industrial injury over 14 years ago. She underwent revision right knee surgery in 4/30/2012. According to the 4/2/2014 progress report, the patient presents with complaints of bilateral knee pain, worse on the right, and low back pain. Objective findings are reported as medial tenderness and limp due to bilateral knees, and 5/10 pain. The objective findings are somewhat subjective in nature. The medical records do not establish the patient presents with clinically significant functional deficits on examination that would suggest that she presents with a recent exacerbation or new injury, to warrant a return to supervised physical therapy. Considering the remote date of injury and past surgical history, it is reasonable that this patient has already undergone extensive supervised physical therapy today, and should be well-versed in an independently applied home exercise program. However, the medical records do not establish that this patient has followed an HEP with self-application of palliative measures, which would be equally efficacious to address her chronic complaints. The medical necessity of requested physical therapy is not established.