

Case Number:	CM13-0057822		
Date Assigned:	01/10/2014	Date of Injury:	12/08/2011
Decision Date:	04/28/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 has a subspecialty in Pediatric Rehabilitation Medicine 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 66-year-old female who reported an injury on 12/08/2011 after a trip and fall. The patient reportedly sustained an injury to her right knee that ultimately resulted in total knee arthroplasty. This was followed by postoperative physical therapy. The patient's most recent clinical evaluation documented that the patient had significant quad arthropathy and significant knee pain. The patient's diagnoses included pain in joint involving the lower leg, right knee, and right knee degenerative joint disease. The patient's treatment recommendations included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION AND TREATMENT, QUANTITY 18: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends up to 9 to 10 visits for patients with myalgia and myositis. The requested 18 visits

exceed this recommendation. Additionally, as the patient received postoperative physical therapy, the patient should be well versed in a home exercise program. There is no documentation that the patient is currently participating in a home exercise program. Therefore, an additional short course of therapy may be indicated for this patient to re-establish and re-educate the patient in a home exercise program. However, the requested 18 visits are considered excessive. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for physical therapy evaluation and treatment, quantity 18 is not medically necessary and appropriate.