

Case Number:	CM13-0060031		
Date Assigned:	12/30/2013	Date of Injury:	10/31/2007
Decision Date:	04/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery 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 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:

This case involves a 66-year-old claimant, which has a date of injury on October 31, 2007. The claimant has been treated for left knee pain and is status post left total knee arthroplasty. There have been issues related to stiffness and pain in the left knee. The agreed medical examination performed on March 19, 2013 documented a poor range of motion in the left knee. The claimant underwent fourteen (14) sessions of physical therapy to help work on range of motion and strengthening of the left lower extremity. Additional therapy two (2) times a week for six (6) weeks was requested. Two (2) sessions were approved to work on teaching the claimant a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 06/07/13)

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

Decision rationale: The claimant is far out from the total knee arthroplasty, which was performed in 2007, and a most recent manipulation that was performed in 2012. The records document that the claimant underwent twelve (12) sessions of therapy following the 2012 manipulation, and was treated with additional therapy in 2013 for fourteen (14) sessions to try to improve the left lower extremity range of motion and strength. The response to the most recent course of therapy has not been documented in the records provided. The Postsurgical Treatment Guidelines recommend twenty (20) sessions of physical therapy for six (6) months following manipulation. The documentation for review indicates that this claimant has exceeded the recommended therapy as well as the treatment period. In addition, the Chronic Pain Guidelines support up to ten (10) sessions of therapy for the diagnosis of myalgia, myositis. The request for physical therapy two (2) times a week for six (6) weeks exceeds both guideline recommendations and cannot be supported as medically necessary.