

Case Number:	CM13-0061485		
Date Assigned:	12/30/2013	Date of Injury:	09/24/2007
Decision Date:	05/13/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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 Occupational Medicine 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:

The patient is a 79-year-old female who was injured on 09/24/2007. The mechanism of injury is unknown. The prior treatment history has included cortisone shots to the knee. The patient underwent a right total knee replacement on 06/25/2013. She had a right meniscal tear surgery around two (2) years ago, which did not improve the pain. Her medications are as follows: EC-Naprosyn one (1) twice a day for inflammation for four (4) weeks; Lidoderm patch 5% twelve (12) hours on/twelve (12) hours off for pain for four (4) weeks; Norvasc 10 mg; and Zantac (uncertain dosage). The rehabilitation consult dated 06/26/2013, indicated that the patient's right knee pain is reported to be 9/10. She denies any shortness of breath, chest pain, or dysuria. She has not voided over the past five (5) hours since the Foley has been discontinued. She denies any constipation. She denies any kidney or liver disease. When questioned about thyroid disease, she reports she had two (2) benign growths on the thyroid, which were biopsied and found to be benign. The patient denies any diabetes or heart disease, cancer or pacemaker. The patient reports nausea following the Roxicodone. The Inpatient Occupational therapy note dated 06/27/2013, documented that the patient was admitted for infection of right total knee replacement. The patient complains of pain and fatigue and unable to assist with mobility. On 07/09/2013, skilled therapy (rehab) was requested. It was indicated that the patient needs more therapy for PF/OT due to difficulty ambulating, muscle weakness and joint pain on lower leg. The progress note dated 11/04/2013, documented the patient with complaints of pain and stiffness in the right knee. She does at home therapy. Ps-5. The objective findings on exam reveals tenderness present at the lateral joint line of the right knee, mild to moderate and present in medial joint line. There was no swelling, and effusion present in knee joint that is mild. The active range of motion indicated extension normal, flexion mild, and limited range of motion. The tibial femoral joint had valgus alignment of 20 degrees. The exam of the left lower extremity

reveals normal inspection/palpation, range of motion, muscle strength, tone and stability. The neurological exam reveals that the upper extremities were intact and symmetrical. The lower extremities were intact and symmetrical. The sensory examination for light touch was intact and symmetrical in the trunk, upper and lower extremities. The biceps reflexes were normal 2+ bilaterally. The brachioradialis reflex was normal 2+ bilaterally. The triceps reflex was normal 2+ bilaterally. The knee reflexes were normal, 2+ bilaterally, as well as the ankle reflex was 2+ bilateral normal. The Hoffman's response was negative bilaterally. The ankle clonus was absent. The Babinski's response was negative. The plan included: request for physical therapy, three (3) times a week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, PAIN, SUFFERING AND RESTORATION OF FUNCTION, CHAPTER 6, PAGE 114

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

Decision rationale: The Chronic Pain Guidelines indicate that physical medicine is recommended. The Guidelines also indicate that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities, such as exercise, education, activity modification instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. The Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, nine to

ten (9-10) visits over eight (8) weeks are recommended. For neuralgia, neuritis, and radiculitis, eight to ten (8-10) visits over four (4) weeks are recommended. For reflex sympathetic dystrophy (CRPS), twenty-four (24) visits over sixteen (16) weeks are recommended. The medical records provided for review does not detail how much physical therapy (PT) has already been administered. The request does not meet guideline recommendations.