

Case Number:	CM13-0068565		
Date Assigned:	01/03/2014	Date of Injury:	02/06/2013
Decision Date:	04/15/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal 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 63-year-old male with date of injury on 02/06/2013. The records reflect original industrial injury on 04/14/1997 to the right knee, ultimately leading to surgical intervention. He did well and had no complaints and no restrictions. However, it is reported that during the last year or so, he was having increased pain with his usual work related activities and then had much more flaring of pain and swelling more regularly. He reported this incident on 02/06/2013. The patient has been using oral medication, topical Voltaren, and a transcutaneous electric nerve stimulation (TENS) unit. Despite these treatments, the symptoms are progressing. Current working diagnosis for the pain is severe tricompartmental, osteoarthritis and ultimately the treating physician would like to have a knee replacement authorized. However, he is requesting physical therapy sessions and the current request is for 3 physical therapy sessions a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times per week for two (2) weeks right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC) Integrated Treatment/Disability Duration Guidelines (DDG), Work Loss Data Institute- On-Line.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Medicine.

Decision rationale: The patient has knee pain stemming from an initial industrial accident. Current knee pain is due to severe osteoarthritis and the plan is actually for knee replacement. Given the progression of knee pain over the course of the last year, it is reasonable to have new physical therapy sessions to see if this can mitigate some of the symptoms and help prepare for surgery. The patient has already been placed on oral non-opioid therapy and topical therapy. The MTUS guideline does not specifically state guidelines for knee osteoarthritis in relation to physical therapy. Official Disability Guidelines state 9 visits over 8 weeks are appropriate for arthropathy of the knee. Therefore, based on the data provided, physical therapy is medically appropriate.