

Case Number:	CM13-0070192		
Date Assigned:	01/08/2014	Date of Injury:	07/08/2008
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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 Family Practice, has a subspecialty in Pain 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 presented claimant sustained a work injury on 7/8/08, resulting in right and left knee pain. She developed traumatic left knee osteoarthritis and subsequently underwent a left knee replacement in 2012. Post-operatively she had a therapist at home and used a walker to ambulate. She had continued therapy for several months. She subsequently also developed worsening post-traumatic right knee pain due to osteoarthritis and had a right knee replacement in August 29, 2013. She had used oral analgesics post-operatively. Again, post-operatively, the claimant received therapy. A progress note on 10/30/13 noted residual right thigh atrophy with painless range of motion of the right knee. Formal physical therapy was continued. On 11/26/13 an additional request was made for physical therapy 1-3 days a week for 4-6 weeks

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY ONE TO THREE DAYS A WEEK FOR FOUR TO SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, regarding physical medicine, "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... 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... Physical Medicine 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; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks... Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks." In this case, the claimant has had several months of therapy and the request exceed MTUS guidelines recommendations. Additional therapy can be performed in a self-directed fashion. The request for additional physical therapy one to three day a week for four to six weeks is not medically necessary and appropriate