

Case Number:	CM13-0070593		
Date Assigned:	06/11/2014	Date of Injury:	09/19/2012
Decision Date:	07/15/2014	UR Denial Date:	11/25/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 63 year-old female who reported an injury on 09/19/2012 from an unknown mechanism. The injured worker had a history of left knee pain of 8 out of 10 and low back pain. The pain remains unchanged. Medication helps with no side effects. Upon physical examination of the left knee on 10/22/2013, the injured worker had tenderness to the left knee medial and lateral joint line. Crepitus range of motion assessment. Lacks 20 degrees extension, flexion 80 degrees. There was tenderness to the lumbar spine and right knee diffusely. The injured worker had diagnoses of end-stage osteoarthropathy left knee, status post remote left knee arthroscopy 02/2013, and compensatory low back and right knee component. The injured worker recalled marked spasm that had remained refractory to the treatments of physical therapy, home exercise, cold, heat, stretching, activity modification and TENS. The medications from 10/01/2013 listed were Tramadol ER 300 mg, Cyclobenzaprine 7.5 mg and NSAID. The medications improved range of motion and decrease pain to a level of 5/10. The treatment plan is for home physical therapy three times a week for two weeks. The request for authorization form was signed on 11/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR TWO (2) WEEKS:

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 request for home physical therapy three (3) times per week for two (2) weeks is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) recommend up to 10 total physical therapy sessions. The injured worker had received physical therapy with an unknown number of sessions. The injured worker also is doing a home exercise regimen, but lacks documentation of the effectiveness. In addition, there is no indication the injured worker has undergone the proposed total knee arthroplasty to support the need for home physical therapy. As such, the request is not medically necessary.