MAXIMUS Federal Services

Case Number:	CM14-0003951		
Date Assigned:	02/21/2014	Date of Injury:	10/31/2007
Decision Date:	06/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 Mississippi. 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 record notes a 66-year-old individual with a date of injury of October 31, 2007. The mechanism of injury was a slip and fall on to the left knee. The medical record indicates that the claimant is status post left total knee arthroplasty on June 9, 2008, and a left knee manipulation under anesthesia. In April 2009, a left knee arthroscopic surgery was performed. Subsequently, in May 2009, followed by a left knee reconstructive surgery in 2010, and another left knee manipulation under anesthesia in August 2012. The most recent progress note available for review is dated December 19, 2013 which indicates that the claimant complains of left knee pain, unchanged since the prior visit. The pain is rated 5/10. On physical examination stiffness and limping with ambulation is noted. Medial tenderness is noted of the left knee. The diagnosis reported is osteoarthritis and pain in the lower leg. The treatment recommendation is for additional physical therapy to help increase the range of motion and muscle strength. Additionally, pharmacotherapy is recommended, including hydrocodone 10/325mg. The exact number of physical therapy recently completed is unclear, but the medical record references 16 authorized sessions of physical therapy to date. There is no documentation available of claimant's response to the therapy that has been provided to the physical therapy sessions to date. X-ray studies available showed no loosening of the components.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS, LEFT KNEE: Upheld

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

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

Decision rationale: The MTUS supports the use of physical therapy for the management of chronic pain in select clinical settings of a flare of symptoms or exacerbation of pain. When additional physical therapy is requested, the guidelines require objective documentation evidencing functional improvement with the prior session provided. The medical record references a long history of chronic pain, restricted motion, and prior unsuccessful attempts to regain motion. There is no documentation in the record that an exacerbation, or flare, of symptoms is present, and there's no documentation to substantiate the medical necessity of additional physical therapy in the absence of objective documentation of the functional gains obtained with the prior session provided. Based on the clinical documentation provided, this request is not medically necessary.