

Case Number:	CM14-0007659		
Date Assigned:	01/24/2014	Date of Injury:	01/02/1980
Decision Date:	06/20/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation, 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 65-year-old male who has submitted a claim for Stable Right Total Knee Arthroplasty Revision Status Post three (3) Months associated with an industrial injury date of January 2, 1980. Medical records from 2013 were reviewed, which showed that the patient complained of intermittent right knee pain with weakness of the leg. On physical examination, incision was well healed. There was pain on passive range of motion from full extension to 120 degrees of flexion. Knee extension strength was 4/5. The x-ray of the right knee, dated December 19, 2013, revealed components in good alignment without any evidence of loosening. Treatment to date has included medications, chiropractic care, trigger point injection, left knee Synvisc injection, right total knee arthroplasty revision (September 18, 2013), and an unknown number of post-operative physical therapy sessions. Utilization review from January 10, 2014 denied the request for twelve (12) physical therapy sessions, unknown x-rays of right knee, and one (1) request for repeat x-rays of right knee in 2 months. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES,

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

Decision rationale: According to the Chronic Pain Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to three (3) visits per week to one (1) or less plus active self-directed home physical medicine. In this case, the patient previously underwent an unknown number of post-operative physical therapy sessions; however, there was no documentation of functional gains. Furthermore, there was no evidence of participation in a home exercise program. Guidelines encourage patient participation in active self-directed home physical medicine to maintain improvement levels. There is no clear rationale for continued physical therapy; therefore, the request for twelve (12) physical therapy sessions is not medically necessary.

UNKNOWN X-RAYS OF RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, KNEE,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: According to MTUS/ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma include joint effusion within 24 hours of direct blow, tenderness over fibular head or patella, inability to walk or bear weight immediately or within a week of the trauma, or inability to flex the knee to 90 degrees. In this case, the medical records did not provide evidence of joint effusion, tenderness over the fibular head or patella, inability to walk, or inability to flex the knee to 90 degrees. There is no clear rationale for knee radiographs at this time; therefore, the request for unknown x-rays of right knee is not medically necessary.

REPEAT X-RAYS OF RIGHT KNEE IN 2 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 13 - KNEE COMPLAINTS, 343

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: According to MTUS/ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma include joint effusion within 24 hours of direct blow, tenderness over fibular head or patella, inability to walk or bear weight immediately or within a week of the trauma, or inability to flex the knee to 90 degrees. In this case, the medical records did not provide evidence of joint effusion, tenderness over the fibular head or patella, inability to walk, or inability to flex the knee to 90 degrees. Furthermore, x-ray of the right knee, dated December 19, 2013, revealed components in good alignment without any evidence of loosening. There is no clear rationale for repeat knee radiographs; therefore, the request for repeat x-rays of right knee in two (2) months is not medically necessary.