

Case Number:	CM14-0104598		
Date Assigned:	09/16/2014	Date of Injury:	11/23/2000
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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 & 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:

This is a 50-year-old male with an 11/23/00 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/8/14, the patient has been having a lot of knee pain. She needs a part replaced in her right total knee replacement. The patient had a total knee arthroplasty about two years ago. She also presented with constant and sharp back pain and neck pain. She rated her pain as an 8/10 with medications. The provider is referring the patient for treatment of knee surgically. Objective findings: tender cervical spine with limited range of motion, knee swelling, tender joint line and positive McMurray's test of knee, knee atrophy, tender at lumbar spine, tender at facet joint, limited lumbar spine range of motion. Diagnostic impression: lumbago, low back pain, knee pain/joint pain leg, shoulder region discomfort. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 6/11/14 modified the request for 12 sessions of physical therapy for the right knee to 6 sessions. The claimant should be given six sessions of physical therapy so that she can be started on an active exercise program which she can continue on her own.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Knee 3x4 for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Knee Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is noted that the patient had a total knee arthroplasty over 2 years ago, and this is far beyond the post surgical treatment period. According to the reports reviewed, the patient has had recent physical therapy treatments in 2014. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. It is unclear how many sessions she has had in total. Guidelines support up to 12 visits over 8 weeks for knee sprains and strains. In addition, according to the most recent progress report, the patient is being referred for knee surgery. There is no rationale provided as to why the patient requires conservative treatment prior to surgery. Therefore, the request for Physical Therapy Right Knee 3x4 for 12 sessions is not medically necessary.