

Case Number:	CM14-0011439		
Date Assigned:	02/21/2014	Date of Injury:	01/11/2000
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/28/2014

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, has a subspecialty in Interventional Spine 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 47 year old male with date of injury 1/11/00. The treating physician report dated 12/23/13 indicates that the patient presents with chronic pain affecting the right knee following right total knee arthroplasty. The current diagnosis is: Painful, unstable right total knee arthroplasty that has regressed as a result of not being provided the medication, topical ointments, and exercises that he previously was enjoying. The utilization review report dated 1/9/14 denied the request for physical therapy for the right knee one visit based on the rationale that no new residual deficits were identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT KNEE, ONE VISIT: 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, 98-99

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

Decision rationale: The patient presents with chronic right knee pain following right total knee arthroplasty surgery in 2011. The current request is for one physical therapy visit for the right knee. The treating physician states that the patient returns with increasing right knee pain and mild effusion. The California MTUS Guidelines recommends 8-10 visits of physical therapy for the treatment of myalgia and myositis. There is no documentation of when or how many prior physical therapy visits have been performed. There are no documented flare-ups, exacerbations, or decline in function to warrant therapy at this time. Therefore, the request is not medically necessary.