

Case Number:	CM14-0015839		
Date Assigned:	03/03/2014	Date of Injury:	09/23/2010
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 65-year-old female with date of injury of 09/23/2010. The listed diagnoses per [REDACTED] dated 01/06/2014 are: 1. Osteoarthritis of the knee. 2. Degenerative lumbar disk. 3. Lumbar spinal stenosis. 4. Sciatica. 5. Status post right total knee replacement, 06/19/2013 According to the report, the patient continues to experience significant severe pain in her right knee which is also aggravating her low back pain. The patient is status post right total knee replacement on 06/19/2013 and has been doing physical therapy. The patient continues to use a walker while ambulating. She also experiences difficulty sleeping. She does continue to complain of lower back pain aggravated by walking, hunched over. There is a rash over the anterior and lateral aspect of her right knee again from her therapy. The objective finding shows there is continued tenderness over the lateral aspect of the right knee. The patient's incision is well healed. The range of motion is from 15 degrees to 180 degrees of flexion. Her knee is completely stable and the previous valgus deformity has been corrected. She has very weak muscles and has difficulty maintaining her knee in extension. The patient has continued tenderness in the lumbar spine at L4-L5 and L5-S1. She has no paraspinal muscle spasms. She has no redness over the right knee but it is warm to touch. The utilization review denied the request on 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR PHYSICAL THERAPY 2 X 8 FOR BACK AND RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

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

Decision rationale: This patient presents with low back pain and right knee pain. The physician is requesting 16 physical therapy visits. The patient is status post right knee total replacement from 06/19/2013 and post-surgical guidelines do not apply. For the number of visits outside post-surgery, MTUS recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The review of 58 pages of records did not show any recent physical therapy reports to verify how many treatments and with what results were accomplished. However, the utilization review documents that the patient received a total of 45 physical therapy sessions and 24 aqua therapy sessions. The 07/29/2013 report notes that the patient has been performing some home exercises. While the patient continues to complain of significant severe pain in her right knee, she should be able to start a self-directed home exercise program to increase strength and mobility. Furthermore, MTUS page 8 on pain outcomes and endpoints states that continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. Therefore, the request for physical therapy 2 x 8 for back and right knee is not medically necessary and appropriate.