

Case Number:	CM14-0017328		
Date Assigned:	04/14/2014	Date of Injury:	04/03/2009
Decision Date:	06/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/11/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 57 year old man with a date of injury of 4/3/09. He was seen by his physician on 1/3/14 with complaints of left ankle and right knee pain that was worse with prolonged walking or standing. He was not working due to his chronic pain. He had left knee surgery in 1992 and right knee total replacement in 2010. He was last seen by his surgeon 6 months prior when a bone scan and labs were suggested to evaluate for inflammation, infection or loosening of components. On physical exam, he was alert and oriented with no signs of sedation. His gait was antalgic and he ambulated into the room with no assistance. Prior physical exams of the knees were essentially unremarkable. Physical therapy for the right knee was requested and is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY RIGHT KNEE QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ODG-PHYSICAL THERAPY.

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

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Per the post-surgical treatment guidelines, controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Minns Lowe, 2007) The guidelines for arthroplasty and meniscus tears is 12 visits over 12 weeks. In this case, the patient is independent with mobility and his pain is managed with medications. Given that his surgery was in 2010 and he has no physical exam evidence of an acute issue, the records do not support the medical necessity for 12 physical therapy visits in this individual with chronic knee pain.