

Case Number:	CM14-0113486		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2003
Decision Date:	09/26/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 9/30/03. A utilization review determination dated 7/16/14 recommends non-certification of PT. It appears that at least 10 recent (May and June 2014) PT sessions have been completed, with no subsequent medical reports from the requesting physician provided. It appears that a left total knee replacement was performed in 2007. 4/30/14 medical report identifies that the patient underwent right total knee replacement (4/11/14). The patient did improve with the PT provided during the admission for rehabilitation after surgery and will continue PT as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 3 weeks lower left extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99 of 127, Postsurgical Treatment Guidelines Page(s): 10 and 24.

Decision rationale: Regarding the request for physical therapy 3 times a week for 3 weeks lower left extremity, California MTUS supports up to 10 sessions and cites that "patients are instructed

and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the patient recently underwent a total knee replacement on the right knee, but the left knee replacement was performed in 2007. There is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, given the history of PT, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy 3 times a week for 3 weeks lower left extremity is not medically necessary.