

Case Number:	CM14-0115208		
Date Assigned:	08/04/2014	Date of Injury:	04/06/2010
Decision Date:	10/01/2014	UR Denial Date:	06/27/2014
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, 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 44 year old patient had a date of injury on 4/6/2010. The mechanism of injury was not noted. In a progress noted dated 6/19/2014, subjective findings included patient's primary pain complaints are along the medial patellofemoral joint region. The patient reports overall improvement with pain but does have small exercise capacity and progression due to pain. On a physical exam dated 6/19/2014, objective findings included painful to deep palpation in left quadriceps, medial patella, lateral patella. Diagnostic impression shows post conversion partial knee replacement to total knee arthroplasty, chronic pain syndrome, knee joint replacement, lumbar sprain/strain. Treatment to date: medication therapy, behavioral modification, S/p total left knee arthroscopy. A UR decision dated 6/27/2014 denied the request for 12 physical therapy visits 3x/week to left knee, stating that the patient had 12 prior post op PT sessions and should progress into a home exercise program focusing on stretching/strengthening and use of hot/cold packs for pain/spasm. There is no indication of complication to recovery, co-morbidity, or extenuating clinical circumstance that would support continued physical therapy beyond guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for twelve weeks to the left knee.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114 Official Disability Guidelines (ODG) Knee Chapter

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The California 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 state to allow for fading of treatment frequency. The Official Disability Guidelines recommend 24 visit over 10 weeks postsurgically for arthroplasty of the knee. In the reports viewed, the patient has completed 12 total post operative physical treatment sessions. On a progress note dated 6/17/2014, there were no objective functional improvements from the notes reviewed. Furthermore, there were no detailed physical therapy notes discussing progression of functional benefits or transitioning into a home exercise program. Therefore, the request is not medically necessary.