

Case Number:	CM14-0180717		
Date Assigned:	11/05/2014	Date of Injury:	08/11/2012
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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 Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/11/12. He underwent a left total knee replacement on 02/10/14 and on 04/24/14 left knee manipulation under anesthesia and an intra-articular injection. He continues to be treated for left knee pain. He received postoperative physical therapy treatments and as of 08/20/14 had completed 33 treatment sessions. He was seen by the requesting provider on 07/24/14. He was having aching, swelling, stiffness, and soreness. Physical therapy had helped. Physical examination findings included decreased range of motion with stiffness and swelling. Authorization for additional physical therapy was requested. On 09/04/14 he was having pain with knee motion. Physical examination findings included ambulating with a limp. He wanted to continue physical therapy. Imaging results showed expected postoperative findings. An additional 12 sessions of physical therapy was requested to improve soft tissue mobility, to decrease pain, and for instruction in a home exercise program. On 10/16/14 he had improved. The note references approaching maximum medical improvement. Physical examination findings included left knee tenderness. Authorization for a Functional Capacity Evaluation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy quantity: 12 (additional physical therapy, left knee (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment; Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 2 years status post work-related injury and underwent a left total knee replacement in February 2014 complicated by a knee contracture requiring manipulation under anesthesia on April 2014. He continues to be treated for left knee pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had extensive physical therapy and the number of additional visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program. Therefore the request is not medically necessary.