MAXIMUS Federal Services

Case Number:	CM14-0027130		
Date Assigned:	06/13/2014	Date of Injury:	02/26/2010
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 26, 2010. Thus far, the applicant has been treated with the following: analgesic medications; earlier knee arthroscopy; subsequent unicompartmental knee replacement surgery on October 9, 2013; and 20 sessions of postoperative physical therapy through the date of Utilization Review Report, February 17, 2014, per the claims administrator. In said Utilization Review Report dated February 7, 2014, the claims administrator partially certified a request for eight additional sessions of physical therapy as four additional sessions of physical therapy, citing the Postsurgical Physical Medicine Treatment Guidelines in MTUS 9792.24.3, despite the fact that the applicant was, in fact, outside of the four-month postsurgical physical medicine treatment period established in section 9792.24.3 following earlier total knee arthroplasty surgery on October 9, 2013 as of the date of the Utilization Review Report, February 17, 2014. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 7, 2014, it was seemingly stated in some section of the report that the applicant was having weakness about the left quadriceps muscle despite having 10 to 12 prior sessions of physical therapy. Knee range of motion to 125 degrees was noted. Additional physical therapy was sought for the purpose of strengthening the quadriceps. It was suggested that the applicant was still using a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR FOUR WEEKS LEFT KNEE: Overturned

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

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

Decision rationale: As noted previously, the applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total knee arthroplasty on October 9, 2013 as of the date of the Utilization Review Report, February 17, 2014. The MTUS Chronic Pain Medical Treatment Guidelines are/were therefore applicable. As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, self-directed home physical medicine, and an overall course of 9 to 10 sessions of treatment are recommended for myalgias and myositis of various body parts; the issue reportedly present here. In this case, the applicant did seemingly have significant residual deficits as of the date of the request, in terms of gait derangement and weakness about the musculature surrounding the knee. The eight-session course of treatment proposed by the attending provider to ameliorate the same was therefore indicated and appropriate. Accordingly, the request was medically necessary.