

Case Number:	CM14-0029781		
Date Assigned:	06/20/2014	Date of Injury:	10/11/2006
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/09/2014

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:

The patient is a 61 year old female who was injured on 10/11/2006 when she fell and landed on both her knees while she was trying to get out of her car. Prior treatment history has included the following medications: Diclofenac, Omeprazole, and Tramadol. Diagnostic studies were not submitted for review. Progress report dated 02/04/2014 documented the patient with complaints of residual pain in her right knee. The patient states she is exercising and this is helping with weight loss and decreasing her pain. Objective findings on examination of the lumbar spine and thoracic spine reveal normal range of motion except for extension which is limited to 10 degrees with mild pain. Examination of the bilateral lower extremity reveals negative straight leg raise in the supine and sitting position bilaterally. Examination of the left knee there is a well healed scar and no other significant findings. The right knee exam reveals positive effusion with crepitus, positive medial joint line tenderness, positive lateral joint line tenderness and positive patellofemoral facet tenderness. All of these findings are mild. The range of motion exhibits normal range of motion for the right knee with flexion limited to 90 degrees in the left knee. Diagnoses: 1. Status post total left knee replacement 2. Right knee degenerative joint disease 3. Lumbar strain with new onset of low back pain secondary to compensation for knee pain, improving. 4. Radiculitis right lower extremity. 5. Psoriasis Treatment Plan: The patient is to continue her current care with continued gym membership. Utilization report dated 02/20/2014 did not certify the request for physical therapy x18 visits for bilateral knees. The individual is being treated for chronic symptomatic degenerative joint disease of bilateral knees that she attributed to an injury over 6 years ago and she underwent left total knee arthroplasty in 2011. She has reasonably attended courses of physical therapy including 6 recent additional physical therapy sessions because her right knee was hurting and she has been exercising at the gym. There is no report that objectively measures significant improvement as the result of recent or

past attendance at supervised physical therapy sessions but no report why she cannot continue to use the exercises independently at home if they are helping her as she claimed, so the medical necessity for the request is not clearly demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 18 Visits for bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, Physical Therapy is recommended as a modality of treatment to reduce the swelling, decreasing pain, and improving range of motion, Allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The patient underwent left total knee arthroplasty for degenerative arthritis in 2011. She has had reasonable number of physical therapy. However, there is no report of any significant improvement in the objective measurements with prior physical therapy. It is not clear as to why she could not perform the exercises independently at home. Therefore, the medical necessity of the requested additional PT is not established. The request is not medically necessary and appropriate.