

Case Number:	CM14-0031010		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2008
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/12/2014

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 Interventional Spine Surgery 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 67 year old with an injury date on 11/1/08. Based on the 2/6/14 progress report provided by [REDACTED] the diagnoses are: status post total knee replacement, left, internal derangement of right knee, impingement of right shoulder and rule/out lumbar IVD displacement without myelopathy. Exam on 2/6/14 showed "right shoulder is positive for apprehension, positive Neer's sign, positive Yergason's right, and positive Hawkin's sign. Right Elbow: positive Tinel's, and right subscapular tenderness. Left knee: medial/lateral instability, positive Lachman's. Left scar is healing." [REDACTED] is requesting physical therapy for the right knee. The utilization review determination being challenged is dated 2/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/1/13 to 2/6/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS pg. 98, 99.

Decision rationale: This patient presents with right shoulder pain and bilateral knee pain and is s/p left knee replacement from 4/26/12. The treater has asked for physical therapy for the right knee on 2/6/14. The requesting progress report 2/6/14 further states: "physical therapy three times a week for four weeks for bilateral knees." Physical therapy report on 8/8/13 showed patient had 26 sessions of physical therapy for the left knee. Review of 9/13/13 report shows patient is unable to stand for more than 15 minutes and can only walk 1 block with assistance of a cane. The 10/17/13 physical therapy report states patient has now had 29 sessions. The 12/5/13 report states patient has locking episodes of the knees and limited range of motion in bilateral knees. Regarding arthroplasty of the knee, MTUS post surgical guidelines recommend 24 visits over 10 weeks within 6 months of surgery. In this case, patient is a year from surgery, has finished at least 29 sessions of post-operative physical therapy and now seems to be able to ambulate fine. 12 additional physical therapy sessions for the right knees requested by the treater is not medically necessary at this time. Recommendation is for denial.