

Case Number:	CM14-0031786		
Date Assigned:	06/20/2014	Date of Injury:	09/15/1998
Decision Date:	08/05/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 presented with a date of injury of 9/15/98. A utilization review determination dated 2/12/14 recommends modification of physical therapy from 12 sessions to 6 sessions. 1/23/14 medical report identifies pain in the right knee with swelling and clicking. Low back pain is intermittent and radiates to the right leg, calf, and into the foot. On exam, there is lumbar tenderness and limited ROM, knee ROM 0 to 110. The patient is noted to be status post right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity 12 for right left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface.

Decision rationale: The California MTUS supports up to 10 sessions in the management of chronic injuries and cites that patients are instructed and expected to continue active therapies at

home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) notes that patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). Within the documentation available for review, there is documentation of a history of total knee replacement and some pain as of late. A few sessions of physical therapy are appropriate to address exacerbations and the prior utilization review appropriately modified the request to certify 6 sessions. However, the request for 12 sessions exceeds the recommendations of the MTUS and ODG guidelines. In light of the above issues, the currently request for physical therapy, quantity 12 for the left extremity is not medically necessary.