

Case Number:	CM14-0039408		
Date Assigned:	06/27/2014	Date of Injury:	02/11/2008
Decision Date:	07/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine & 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 injured worker is a 56-year-old female who reported an injury on 12/11/2008, with the mechanism of injury not cited within the documentation provided. In the clinical note dated 03/18/2014, the injured worker complained of right knee pain. It was annotated that the injured worker was 3.5 months status post total knee arthroplasty. It was noted that the injured worker had progressed slowly. It was also annotated that the physician requested more physical therapy for persistent vastus medialis oblique atrophy. Prior treatments included physical therapy (postoperative) and prescribed medications. The injured worker's prescribed medication regimen included lisinopril and Zoloft. The physical examination of the right knee revealed medial joint line greater than lateral joint line tenderness, range of motion of 0 degrees of extension and 120 degrees of flexion, decreased quad tone and absent quad contraction, and the patella normal tracking without crepitus on motion. The diagnoses included muscle weakness and pain to the limb. The treatment plan included a request for physical therapy. The Request for Authorization for physical therapy 2 times a week for 6 weeks to the right knee was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two Times A Week For Six Weeks Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Decision rationale: The request for physical therapy two times a week for six weeks right knee is non-certified. The California MTUS Guidelines state that physical medicine is recommended based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The frequency of physical therapy for neuralgia, neuritis, and radiculitis, unspecified is 8 visits to 10 visits over 4 weeks. In the clinical notes provided for review, it is documented that the injured worker had completed postoperative physical therapy. However, there is a lack of documentation of the injured worker's progress or lack thereof. There is also a lack of documentation of the injured worker participating in a home exercise program or other conservative therapies, such as heat and/or ice applications. There is also a lack of documentation of the injured worker's pain level status or the use of pain medications. Furthermore, there is a lack of documentation of functional and/or neurological deficits. Therefore, the request for physical therapy two times a week for six weeks right knee is not medically necessary.