

Case Number:	CM14-0041322		
Date Assigned:	06/20/2014	Date of Injury:	01/11/2000
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
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 & Rehabilitation and is licensed to practice in Minnesota. 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 46 year old male with reported injury on 01/11/2000. The mechanism of injury was not provided. The injured worker presented to the primary physician on 02/17/2014 with complaints of pain, instability, knocking, clicking and swelling to right knee. The injured worker was not given the physical therapy which was previously recommended. Upon exam the he had 5 to 10 degree hyperextension, further flexes to 135 degrees. His diagnoses were global laxity, right total knee arthroplasty with well-fixed components and no obvious swelling. The recommended treatment was physical therapy and ointments. There was no medication list or previous physical therapy reports or home exercise program provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Physical therapy sessions for the right knee, 1x week x 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: California MTUS guidelines recommend passive therapy for short term relief during the early phases of pain treatment and that active therapy is based on the philosophy

that therapeutic exercise and activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and alleviate discomfort. There was lack of documentation of previous physical therapy records. There also was not an evaluation of functional deficit or pain assessment provided. The guidelines recommend active self-directed home therapy. There is no evidence that home therapy was provide or recommended. Therefore the request for 2 physical therapy sessions for the right knee, 1x week x 2 weeks is not medically necessary.