

Case Number:	CM14-0048375		
Date Assigned:	06/20/2014	Date of Injury:	12/11/2009
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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, has a subspecialty in Interventional Spine 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 63-year-old female with a date of injury of 12/11/2009. The listed diagnoses per [REDACTED] are left knee osteoarthritis and status post left knee total knee replacement and patella subluxation on 11/07/2012. According to progress report 01/08/2014, a triple-phase bone scan showed nonspecific subtle increased blood flow about the left knee compared to right knee. On 02/21/2014, patient continued with left lower extremity pain and giving way. The patient reported increase in right knee pain as well. Examination of the left knee noted swelling, anterior tenderness, and motion 0 to 100 degrees. The request is for home health physical therapy visits 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Physical Therapy Visits 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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

Decision rationale: For physical medicine, the MTUS Guidelines recommend for myalgia and myositis-type symptoms, 9 to 10 visits over 8 weeks. In this case, review of the medical file indicates the patient received physical therapy sessions following the 11/07/2012 surgery. Progress report from 12/02/2013 indicates the patient is engaging in different modalities of physical therapy as tolerated. In this case, review of the medical file does not indicate the number of sessions received to date. However, review of the progress reports indicates the patient has been participating in physical therapy. The treating physician provides no discussion as to what sort of outcome these sessions had produced. Furthermore, the treating physician does not explain why this patient requires home physical therapy when therapy was tolerated on an outpatient basis in the past. There is also lack of description of the patient's functional limitations other than bilateral knee pains and history of knee replacement. Additionally, the requested surgery is not medically necessary; therefore, any postoperative care would not be medically necessary.