

Case Number:	CM14-0049651		
Date Assigned:	07/07/2014	Date of Injury:	01/06/2010
Decision Date:	08/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/17/2014

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 Pain Management 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:

This patient is a 52 year old female with a date of injury of 01/06/10. Based on the 02/28/14 progress report by [REDACTED], this patient complains of "diffuse weakness right lower extremity with burning pain," with 7/10 right knee pain, 5/10 left knee pain, and 5/10 low back pain. Exam of this patient by [REDACTED] show hyperalgesia right knee with diffuse motor deficit 4/5 right lower extremity. Diagnoses for this patient are: 1. Status post right total knee arthroplasty, 11/20/132. End-stage osteoarthropathy, left knee 3. Low back pain. 4. Rule out early sympathetically maintained pain syndrome right lower extremity graft. The utilization review being challenged is dated 03/17/14. The request is for 12 additional post-op physical therapy visits for the right knee, 3 times a week for 4 weeks. The requesting provider is [REDACTED] and he provided progress reports from 02/28/14 to 05/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional post-op physical therapy visits for the right knee 3 times a week for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: This patient presents with low pain back pain and pain in both knees. The provider requests 12 additional post-op physical therapy visits for the right knee. Given this patient is beyond the 4 months post-surgical physical medicine treatment period, this patient does not meet the MTUS post-surgical guidelines for arthroplasty, pages 24, 25. However, MTUS guidelines, pages 98-99, allows for 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. Review of physical therapy reports from 02/13/14 to 03/03/14 do not provide documentation noting functional improvements made, or the lack of, nor fading of treatment frequency, nor any reason why this patient cannot be reasonably expected to transition to an independent, self-directed home exercise program. Furthermore, the request for 12 sessions exceeds the maximum number of therapy sessions recommended by MTUS for this type of diagnosis. Recommendation is not medically necessary.