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| Case Number: | CM14-0052164 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 10/09/2005 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 Pain Medicine 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 62 year-old male with a date of injury of October 9, 2005. The patient's industrially related diagnoses include right shoulder rotator cuff tear, left shoulder possible rotator cuff tear, left knee total knee arthroplasty and right knee total knee arthroplasty, and spondylosis of L4-L5. The patient underwent a total left knee arthroplasty in 2009. The disputed issues are physical therapy 2x6 weeks for left knee. A utilization review determination on 3/21/2014 had non-certified these requests. The stated rationale for the denial was: "The claimant is status post left knee arthroplasty 2009 he continues to have left knee pain and some lack of motion. He was approved for 12 PT sessions in 2012 for his lumbar spine and right shoulder. However, it does not appear that he's had any recent PT for his left knee. As such, I recommend two additional PT sessions to retain and supervise in a self-directed home exercise program."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 weeks Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy for the left knee, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. In the progress report dated 2/26/2014, the treating physician documented that the injured worker has benefited from physical therapy in the past, but he did not provide any specific examples of objective functional improvement. Furthermore, the treating physician indicated that the injured worker was continuing with self-directed strengthening and stretching and was benefitting. In the absence of such documentation, the current request for physical therapy two times a week for six weeks to the left knee is not medically necessary.