

Case Number:	CM14-0057576		
Date Assigned:	07/09/2014	Date of Injury:	07/16/2007
Decision Date:	08/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 Orthopaedic Surgery 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 67-year-old female hotel server sustained an industrial injury on 7/16/07. The injury occurred when she tripped and fell. She underwent left total knee replacement on 1/28/08 and right total knee replacement on 3/16/09. The records indicated that the patient reported bilateral knee pain with walking on 2/7/14. The physical exam documented short stride gait and symmetrical knee range of motion 0-90 degrees. X-rays documented good component position bilaterally with no evidence of loosening. Physical therapy was ordered for 12 visits to work on range of motion. Ten visits were completed as of 3/25/14. The 3/25/14 physical therapy report documented left knee range of motion 0-85 degrees and right knee 0-75 degrees. Knee strength was 4-/5, except for left flexion which was 3+/5. The treatment goals for pain, range of motion, strength and ambulatory tolerance had not been met. The patient was able to negotiate stairs without difficulty or pain. The 3/28/14 treating physician report indicated the patient had started physical therapy which seemed to help her symptoms. More visits were recommended to improve range of motion and for pain control. Physical exam documented bilateral range of motion 0-90 degrees. The 4/8/14 utilization review denied the request for additional physical therapy based on an absence of medical necessity relative to functional improvement and rationale for supervised versus independent exercise. The 5/7/14 treating physician report documented bilateral knee pain with range of motion 0-90 degrees bilaterally, short stride gait, and slow and steady gait. The treatment plan recommended additional physical therapy to help with range of motion, decrease pain, and reduce medication need.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional physical therapy x12 bilateral knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. A continuation of physical therapy is subject to documentation of objective measurable functional improvement. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. Records indicate minimal to no change in the patient's range of motion and no change in strength over the course of 12 physical therapy visits. There was a non-specific report of reduction in pain. A continuation of supervised physical therapy is not supported for pain reduction alone in the absence of objective functional improvement. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program. Therefore, this request for additional physical therapy x12 for the bilateral knees is not medically necessary.