MAXIMUS Federal Services

Case Number:	CM14-0064667		
Date Assigned:	07/11/2014	Date of Injury:	06/01/2000
Decision Date:	08/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 52-year-old with a work injury to his knees dated June 1, 2000. The diagnoses include multiple bilateral knee surgeries, osteoarthritis of the knees, and history of bilateral knee replacement. There is a recent left knee manipulation under anesthesia. Under consideration is a request for physical therapy, two (2) times per week for six (6) weeks, bilateral kneesThere is a April 18, 2014 prior utilization review that states that the patient is currently diagnosed with a history of bilateral knee replacement. A request was made for PT (twice a week for six weeks) to the knees. It is noted that the patient underwent bilateral knee arthroplasty. He also had a left knee MUA done on December 10, 2014. On March 20, 2014. he presented for an office evaluation with complaints of bilateral knee pain. It was also stated that no PT has been authorized. The physical examination showed both knees with 0-95' ROM. The documentation submitted reveals a prior UR review dated April 18, 2014 and multiple illegible handwritten office visit documents primarily dating back to 2012 and 2013. There are no objective recent documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the bilateral knees, two times per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg chapter, Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 25.

Decision rationale: The guidelines recommend up to ten visits for the right knee pain. The guidelines state that after manipulation under anesthesia the total number of recommended visits are twenty, but it is recommended that the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery. Additionally the documentation is not clear on any prior therapy the patient has had and outcome of this therapy. The request for Physical Therapy for the bilateral knees, two times per week for six weeks, is not medically necessary or appropriate.