

Case Number:	CM14-0076307		
Date Assigned:	07/18/2014	Date of Injury:	05/10/2012
Decision Date:	08/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/26/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 62-year-old, male who sustained a vocational injury on 05/10/12. The records provided for review document the claimant underwent total knee arthroplasty and he is also being treated for numbness into his thumb and fingers as carpal tunnel syndrome versus cervical radiculopathy. The office visit on 04/21/14 noted that the six visits of physical therapy for his neck had been helpful in relieving his neck and radiating arm symptoms but he still continued to have residual complaints of pain at the base of his right neck in the trapezial area and also a sensation of numbness extending into the right lateral thumb, index, long finger, and ring finger, but not in the small finger. Examination documented cervical range of motion from 40 degrees of flexion, 35 degrees of extension, left rotation to 80 degrees, and right rotation to 75 degrees, a positive Spurling's maneuver on the right with some increasing tingling in his fingers, but no arm pain. Deep tendon reflexes were intact and symmetrical. Motor strength was 4/5 of the right triceps and right finger extensor, otherwise 5/5. Carpal tunnel compression testing was negative. The current request is for physical therapy two times a week for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for one month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: Currently the request is not clear if the additional therapy is for the knee following the arthroplasty or the cervical/radicular complaints. Documentation is not clear on the exact quantity of formal physical therapy that the claimant has had following total knee arthroplasty. California MTUS Postsurgical Guidelines support up to 24 visits following knee replacement and the quantity of formal physical therapy visits to date following knee replacement would need to be known prior to determining the medical necessity. It is also noted that there is a lack of documented subjective improvement and quantifiable objective gains to support continuing therapy for the knee. In regards to the cervical/radicular complaints, the documentation suggests the claimant has already had six sessions of physical therapy and although is making progress continues to have significant functional deficits and complaints of pain. There is a lack of documentation as to the reasoning why the claimant cannot transition into a home exercise program. Therefore, based on the documentation presented for review and due to a lack of clarity with the request, the request for Additional Physical Therapy is not medically necessary.