

Case Number:	CM14-0081118		
Date Assigned:	07/18/2014	Date of Injury:	12/12/2008
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 64-year-old male who reported injury on 12/12/2008 caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, medications, surgery, and MRI studies. In the documentation submitted, the provider noted the injured worker completed 18 postoperative physical therapy sessions for the left knee, status post replacement. However, he has not received physical therapy since 2006, and was regressing due to non-authorization of physical therapy/postoperative treatment. The injured worker was evaluated on 04/21/2014, and it was documented the injured worker complained of right knee pain rated 6/10 and left knee pain rated at 7/10. The injured worker completed a course of physical therapy 1 year ago. The injured worker was engaged in home exercise program. The objective findings were that the injured worker's gait was guarded. Knee joint flexion on the right was 118 degrees and on the left was 112 degrees. Extension was 0 degrees. The range of motion was limited by pain bilaterally upon flexion. Lower extremity deep tendon reflexes, L4 patellar reflex on the right was 2+ and on the left was 2+, left L5 hamstring reflex right/left was 2+, and S1-Achilles reflex right/left was 2+. The provider noted the injured worker was engaged in a home exercise program and had completed therapy 1 year ago; however, those outcome measurements were not submitted for this review. Diagnoses included left/right total knee arthroplasty. Request for Authorization dated 04/21/2014 was for physical therapy 2 times a week for 4 weeks. The rationale was for the injured worker completed a course of physical therapy 1 year ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions, 2 x a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. However, it was noted within the documentation the injured failed to indicate outcome measurements with prior physical therapy sessions. The provider failed to indicate long-term functional goals and outcome measurements of home exercise regimen. The request failed to indicate where physical therapy is required for the injured worker. Given the above, the request for 8 physical therapy sessions is not medically necessary.