

Case Number:	CM14-0092889		
Date Assigned:	07/25/2014	Date of Injury:	01/02/1980
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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.

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 male with date of injury 1/2/1980. Per the treating physician's progress report, review of medical records and request for authorization dated 3/5/2014, the injured worker remains symptomatic with right knee pain following his right revision total knee arthroplasty on 9/18/2013. He has bilateral knee pain right greater than left as well as low back pain. He also notes issues with insomnia that have improved with the use of gabapentin for neuropathic pain. Pain is rated 6/10 with the use of medications and without medications at 10/10. The injured worker reports significant pain reduction and improved functional status with the use of medication. He states he is able to walk for longer distances and stand for longer periods of time. Without medication he states he would be sedentary and inactive. On examination he appears to be in mild discomfort. He has a significant antalgic gait. The injured worker is utilizing a single point cane for ambulation instability. There is moderate bilateral lumbar paraspinal tenderness. There is no palpable muscle spasm. Flexion is 45 degrees, extension 10 degrees, right lateral motion 15 degrees, and left lateral motion 15 degrees. Lower extremity muscle testing is 5/5 throughout. Right knee has a well healed scar, mild swelling with no redness. The right knee is tender to palpation over the lateral and medial joint line. He has full flexion and extension of the knee. There is mild hyperpathia over the medial and lateral joint line of the right knee. Diagnoses include 1) lumbosacral spine sprain/strain with bilateral lower extremity radicular pain 2) status post left elbow surgery 3) status post total knee replacement 9/2010 with revision arthroplasty 9/18/2013 with continued pain in right knee 4) left knee degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker is status post revision of total knee arthroplasty on 9/18/2013. The postsurgical treatment guidelines 24 physical therapy sessions over 10 weeks, and the postsurgical physical medicine treatment period is four months. The injured worker is outside the postsurgical period, so the chronic pain medical treatment guidelines apply. These guidelines The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The claims administrator reports that the injured worker has already completed 38 sessions of physical therapy in 2013, and 12 sessions in 2014. This exceeds the combined therapy recommendations following surgery, and those recommended in the chronic pain medical treatment guidelines. The injured worker should be prepared to continue a home exercise program for continued rehabilitation. The request for six physical therapy sessions is not medically necessary and appropriate.