

Case Number:	CM14-0096902		
Date Assigned:	07/28/2014	Date of Injury:	04/05/2012
Decision Date:	12/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 67 year old male with an injury date of 04/05/12. The 06/19/14 report by [REDACTED] states that the patient presents and is improving. Examination shows the patient is flexing the knee well over 90 degrees. Other reports show the patient is post left total knee replacement 12/02/13. No patient's diagnoses are included in any of the reports provided. Physical therapy treatment reports were provided from 01/18/14 to 06/09/14. The utilization review being challenged is dated 06/16/14. Reports were provided from 01/16/14 to 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 X week X 4 weeks, Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Physical Medicine; Physical Medicine Page(s): 24-25; 98-99.

Decision rationale: The patient presents with an improving left knee post left knee total arthroplasty 12/02/13. The treating physician requests for Physical Therapy 3 x week x 4 weeks, Left Knee. The reports provided do not show that the patient is within a post-surgical treatment

period. MTUS pages 24-25 state the postsurgical physical medicine treatment period is 4 months. MTUS pages 98,99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treating physician does not discuss this request, but does state on 06/19/14 that the patient should be provided with therapy, but will continue with rehabilitation on his own as it has not been authorized. Physical therapy treatment reports show the patient received at least 36 sessions of physical therapy for the left knee status post total knee replacement from 01/18/14 to 06/18/14. These reports state the patient's pain improved from 2-8/10 on 01/08/14 to 3/10 on 06/12/14. The treating physician does not show a decline in function, new injury or flare up for the knee that would require additional therapy at this time. Furthermore, the requested 12 sessions exceed what is allowed per MTUS for non-post-op knee problems. Therefore, the request is not medically necessary.