

Case Number:	CM14-0098155		
Date Assigned:	09/16/2014	Date of Injury:	12/31/2011
Decision Date:	10/24/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine and Rehabilitation, 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 48-year-old female with an injury date of 12/31/2011. Based on the 05/02/2014 progress report, the patient complains of having pain over her right shoulder and bilateral knees. She rates her bilateral knee pain as a 7/10 and takes Norco which helps her pain level drop from a 7/10 to a 5/10. Examination of the left knee reveals a limited range of motion and the patient also had a positive patellofemoral grind test. The 04/04/2014 report indicates that the patient complains of continuous pain to the knee and the right elbow, and has tendinitis in the right elbow. The patient's diagnoses include the following: 1.S/P left total knee replacement.2. Post-traumatic osteoarthritis in the left knee.3. Right knee chondromalacia and early osteoarthritis.4. Right elbow lateral epicondylitis. On 04/04/2014, the patient had a left total knee arthroplasty. The utilization review determination being challenged is dated 06/04/2014. The rationale was that the documentation submitted for review did not indicate the patient had remaining deficits with range of motion and was using a front-wheeled walker to ambulate. Treatment reports were provided from 01/03/2014, 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 6 weeks on the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee
Page(s): 24,25.

Decision rationale: Based on the 05/02/2014 progress report, the patient complains of having right shoulder pain and bilateral knee pain. The request is for physical therapy 2 times a week for 6 weeks on the left knee. The 05/02/2014 progress report states "She thus far has completed 9 sessions of physical therapy for the left knee which is helping with her pain and range of motion." MTUS postsurgical guidelines for physical therapy, page 24 and 25, allow 24 visits over 10 weeks for arthroplasty of the knee. In this case, the treater is requesting for 12 sessions of physical therapy for the left knee in addition to the 9 sessions of physical therapy the patient has already had, which is within MTUS Guidelines. Therefore, Physical Therapy 2 x week for 6 weeks on the left knee is medically necessary.