

Case Number:	CM13-0028751		
Date Assigned:	11/01/2013	Date of Injury:	05/30/2012
Decision Date:	10/09/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 (IW) is a 56-year-old male who sustained an industrial injury on 05-30-2012. Diagnoses include lumbago and history of knee replacement. Treatment to date has included medications, physical therapy (PT), right knee arthroplasty and home exercise program. According to the progress notes dated 08-30-2013, the injured worker reported increased right knee pain status post total knee arthroplasty on 5-29-2013. He rated his pain 6 to 7 out of 10 and complained of numbness along the lateral joint line. He put physical therapy on hold due to low back pain, which he had reported on previous visits, rating it 6 out of 10. On examination, the right knee incision was healed, there was a mild +1 to +2 generalized effusion and mild to moderate generalized tenderness. Range of motion was 0 to 115 degrees with gentle push. No instability was noted and there were no signs of deep vein thrombosis. Distal vital signs were intact. His gait was mildly antalgic and he used a cane. An x-ray of the right knee on that day showed the right knee fixation and no complications. A request was made for 12 sessions of physical therapy for the lumbar spine and the right knee; he was to continue the PT authorized for the right knee to work on ROM, and then continue with 12 more sessions to include the low back for flexion and local modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions lumbar and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation ODG- Low Back Physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: According to the MTUS, postsurgical treatment for a knee arthroplasty can include 24 visits over 10 weeks in a 4-month period. In this case the patient has had an arthroplasty of the right knee. Previous treatment has included at least 23 sessions of physical therapy and participation in a home exercise program. The current documentation does not support the medical necessity for additional physical therapy sessions to exceed the recommended number of 24. The current request for an additional 12 sessions of physical therapy is not necessary to set up a home exercise program.