

Case Number:	CM14-0107603		
Date Assigned:	08/01/2014	Date of Injury:	01/30/2000
Decision Date:	12/03/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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: California, Indiana, New York
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 59 year old female injured worker suffered an industrial injury on 1-30-2000. The diagnoses included right total knee replacement and revision. On 6-4-2014 the treating provider reported the injured worker noted the right knee was showing some improvement but she reported of increased neck and back pain especially from awkward walking. The provider noted right knee pan with decreased range of motion. On exam the patellofemoral compression test was positive in both knees. The medical record visit on 6-4-2014 did not include an evaluation of past physical therapy or the goals of treatment for additional sessions. The Utilization Review on 6-17-2014 determined non-certification for Additional 8 Physical Therapy sessions for the Right Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 Physical Therapy Sessions for the Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional eight physical therapy sessions to the right knee are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant (right knee) working diagnoses are status post left knee arthroscopy rooms; total knee replacement right knee; and allergic reaction to the right knee implant. For additional diagnoses see the list in progress note June 4, 2014. Date of injury is January 30, 2000. Request for authorization is June 16, 2014. According to a QME dated May 5, 2014, the injured worker has undergone multiple surgical procedures of the right knee. In 2002 the injured worker had an arthroscopy. In 2003, the injured worker had an arthroscopy with synovectomy and removal of loose bodies. In 2004, the injured worker had a total knee arthroplasty. In February 2013, the injured worker had a right knee revision. According to a June 4, 2014 progress note, the injured worker has ongoing right knee pain. Objectively, the injured worker is unable to do a deep knee bend and has patella and medial and lateral joint line tenderness. The treating provider is requesting physical therapy two times per week times four weeks. There are no compelling clinical facts to support additional physical therapy in the injured worker that presents with ongoing chronic right knee pain. The total number of physical therapy sessions to date is not specified in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no compelling clinical facts indicating additional physical therapy over the recommended guidelines are clinically indicated, no contraindication to a home exercise program, and no documentation indicating the total number of physical therapy sessions to date in the record, additional eight physical therapy sessions to the right knee are not medically necessary.