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| Case Number: | CM14-0112875 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 06/06/2011 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 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 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:

This 60 year old male was injured on 6/6/11. The mechanism of injury was not available. An MRI (9/11/12) of the right shoulder revealed a tear of the anterior superior glenoid labrum, partial thickness tear of the distal infraspinatus tendon and the rest of the report is illegible. On 1/24/14 the injured worker had a right total knee replacement. Past significant medical history includes diabetes and right total knee replacement with persistent residual. He was evaluated for physical therapy on 2/10/14 to address his pain and functional limitations. His pain level was 5/10 at that time. He was ambulating with crutches and knee immobilizer. Despite physical therapy he had very limited range of motion of 5-65 degrees of flexion. On 4/3/14 the injured worker had right knee manipulation and femoral nerve block and after manipulation the range of motion was 0-125. He started physical therapy which improvement in function and pain. His medication was Norco. On 5/22/14 documentation indicates that the injured worker was walking without any assistive device (cane) and was able to walk one hour without pain. His pain medication was decreased to occasional use per documentation. His right knee is slightly swollen and range of motion is 5 degrees short of full extension. The knee is stable and neurovascularly intact. He continued with self exercise and walking. On 6/9/14 the injured worker demonstrated stiffness and decreased range of motion of the right knee and additional physical therapy was recommended and requested on 6/24/14. The last documentation indicated that the injured worker not working. On 6/26/14 Utilization Review non-certified the request for physical therapy for the right knee 2x4 based on no documentation of the motor vehicle accident, the number of prior physical therapy sessions provided or evidence of functional improvement to justify the need for additional supervised therapy. MTUS Knee and Post-Surgical treatment Guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy two (2) times a week for four (4) weeks for the Right Knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Preface, Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no documentation indicating why additional therapy is necessary at this time following nearly a complete recovery. Additional Physical Therapy two (2) times a week for four (4) weeks for the Right Knee is not medically necessary.