

Case Number:	CM14-0170621		
Date Assigned:	10/23/2014	Date of Injury:	07/14/2005
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/15/2014

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 56 year old female with an injury date on 07/14/2005. Based on the 09/22/2014 progress report provided by the treating physician, the diagnosis is: 1. Knee joint replacement. According to this report, the patient complains of left knee pain with history of total knee arthropathy performed on 08/16/2010. The patient states "left knee is still bothering her" and "has good days and bad days." Physical therapy has helped her in the past. Physical exam reveals active range of motion is 0 to 95 degrees and 115 degrees, passive. Lachmans, anterior/posterior drawer, Varus/Valgus test are stable. There were no other significant findings noted on this report. The utilization review denied the request for Physical therapy 3x/week for 2 weeks, then 2x/week for 3 weeks (left knee) on 10/07/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/08/2014 to 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x/week for 2 weeks, then 2x/week for 3 weeks (left knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: According to the 09/22/2014 report, this patient presents with left knee pain that are "doing well. "Per this report, the current request is for Physical therapy 3x/week for 2 weeks, then 2x/week for 3 weeks (left knee). The UR denial letter states "Treatment has included medications, knee brace and extensive physical therapy most recent 12 sessions were certified in August 2 1014." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of available records show that the patient has had physical therapy in the past which helped but no therapy reports was provided. The treating physician did not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. Recommendation is not medically necessary.