

Case Number:	CM14-0190436		
Date Assigned:	11/21/2014	Date of Injury:	02/11/2000
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family 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 is a 72 years old female patient who sustained an injury on 2/11/2000. The current diagnoses include hypertension, gastroesophageal reflux disease, bilateral carpal tunnel syndrome and status post bilateral total knee replacement. Per the doctor's note dated 10/18/14, she had complaints of knee pain and reflux without chest pain. Physical examination revealed BP- 132/60 mmHG and weight 160 pounds. The medication list includes benicar, hydralazine, clonidine and xanax. She has undergone bilateral total knee replacement. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visits to Bilateral Knees, Lumbar and Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Specific number of physical therapy visits since date of injury is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A recent detailed legible clinical evaluation note with significant functional deficits that would require physical therapy is not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of physical therapy visits to bilateral knees, lumbar and cervical is not established for this patient at this time.