MAXIMUS Federal Services

Case Number:	CM14-0194544		
Date Assigned:	12/02/2014	Date of Injury:	03/17/1982
Decision Date:	03/17/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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
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:

This 62 year old man sustained an industrial injury on 3/17/1982. The mechanism of injury is not detailed. Treatment has included oral medications, physical therapy and surgical intervention. Several physical therapy notes document the worker's progress. Physician notes dated 9/19/2014 show improvement in range of omotion and strength. There are recent complaints of intermittent sharp pain. There are no physical findings, and x-rays show only slight changes that do not require surgery, rather, the physican states he will inject the knee if the compliants increase. There is a notation that the worker has ankylosing spondylitis that tends to form bone where it is not desired, although this does not seem to be the suspicion at this time. On 10/28/2014, Utilization Review evaluated prescriptions for 18 additional sessions of physical therapy and right knee total knee replacement, that was submitted in 11/14/2014. The UR physician noted that the worker has had 167 physical therapy sessions approved post-operatively since surgery in May 2013. This exceeds the maximum amount of visits. Although there has been documentation of functional improvement, the worker should have had ample time and exposure for transition to a home exercise program. Also, the physical examination and x-rays show no synovitis, engorgement, effusion, or change in alignment and radiological changes that are small enough that there is no need to address surgically. It is noted that if symptoms increase, the knee can be injected with a steriod and anesthetic. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Additional Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Medical records document that the patient had right total knee arthroplasty on November 3, 2011 and subsequent surgery for removal for heterotopic ossification in the right quadriceps in May 2013. The utilization review letter dated October 28, 2014 documented that the patient had 167 visits of physical therapy since the surgery in May 2013. Eighteen additional PT physical therapy sessions were requested. Per ODG, patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Therefore, the request for 18 additional PT sessions exceeds ODG guidelines. Therefore, the request for 18 additional PT physical therapy sessions is not medically necessary.