MAXIMUS Federal Services

Case Number:	CM14-0195620		
Date Assigned:	12/03/2014	Date of Injury:	05/15/2000
Decision Date:	01/16/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/21/2014

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 68 year old female with an injury date of 05/15/00. Based on the 11/13/14 progress report, the patient complains of right knee pain. She has undergone a total right knee replacement, date unspecified. Patient has discomfort with walking on stairs with some soreness and swelling. Physical examination revealed a small amount of crepitation and decreased strength. The right knee has a range of motion 0-107 degrees after walking 1.8 miles. Based on the 08/28/14 report, the patient is experiencing minimal pain. She is improving with physical therapy. According to the 11/13/14 report the patient has degenerative joint disease [DJD]. Physical therapy notes from 09/25/14 to 06/26/14 showed 4 visits.The utilization review determination being challenged is from 10/17/14. The rationale is "the patient has recently been authorized for at least 24 post-operative physical therapy visits, 12 in review on 08/12/14 and 12 in review on 09/02/14." Treatment reports were provided from 7/29/14 to 11/13/14. Other diagnoses from reports are difficult to assess from handwriting on report.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with right knee pain and the patient has had right knee replacement. The date of the surgery was not provided in the reports, but appears recent. The request is for 12 PHYSICAL THERAPY VISITS FOR THE RIGHT KNEE. Review of the utilization review denial letter shows that the patient has had 12 sessions of therapy authorized on both 8/12/14 and 9/2/14 for a total of 24 sessions to possibly address post-operative therapy following the right knee replacement.MTUS Guidelines state the general course of post-operative physical therapy following knee replacement is 24 visits over 16 weeks and that the post-surgical physical medicine treatment period is 6 months. For non-post-operative therapy, MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Treater does not discuss the reason for the requested additional therapy. Based on the 08/28/14 report, the patient is experiencing minimal pain having improved with therapy. There were 4 therapy reports from 6/26/14 to 9/25/14. UR letter indicates that the patient had 24 sessions authorized around 8/12/14 and 9/2/14. The patient seems to be doing well and it is not known what additional therapy is going to accomplish. There is no explanation as to why the patient is unable to transition in to a home exercise program. The requested additional 12 sessions exceed what is allowed for post-op therapy following a knee replacement. The request IS NOT medically necessary.